
Independent Medical Review Final Determination Letter

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Dated: 12/20/2013

IMR Case Number:	CM13-0018675	Date of Injury:	03/14/1999
Claims Number:	██████████	UR Denial Date:	08/14/2013
Priority:	STANDARD	Application Received:	08/30/2013
Employee Name:	████████████████████		
Provider Name:	████████████████████		
Treatment(s) in Dispute Listed on IMR Application:			
AMBIEN 10 MG TABLET QHS #30 ZANAFLEX 4MG TAB QID #120 Lidoderm patches #90			

DEAR ██████████ ,

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, ██████████
██████████

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Medicine and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 53-year old patient who reported a work related injury on 03/14/1999 from a slip and fall onto concrete. The patient's medications are Norco, Ambien, Zanaflex, Oxycontin, Gabapentin, Cymbalta, and Lidoderm patch. The patient's diagnoses are lumbar radiculopathy and lumbosacral disc degeneration. The patient was seen by a provider on 09/09/2013 for lower backache and right hip pain. Previous treatments have been physical therapy, trigger point injections, previous epidural steroid injections (ESI), and medication management. The patient had a transforaminal epidural steroid injection (TFESI) on 08/27/2013 with stated relief of 50% of right buttock pain that radiated to the right knee. The provider note states that the patient reports medications are less effective and current pain medications are not providing adequate pain control and request the provider to increase dose. The Zanaflex is as needed for spasms, Norco as needed for breakthrough pain, Ambien as needed for sleep disturbance, Trazodone as needed for sleep disturbance, OxyContin for longer acting pain relief, Gabapentin for neuropathic pain, Cymbalta for mood and neuropathic pain, and Lidoderm patch for acute pain flare ups. The provider noted that the Ambien is for impaired sleep due to her industrial injury and uses it sparingly; the Zanaflex provides the patient significant relief of spasms as she reports having them constantly; and the Lidoderm patch provides significant relief with application with 50% relief over a period of several hours.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. Ambien 10 mg #30 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), which is not a part of the MTUS.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on the Official Disability Guidelines, Pain Chapter.

The Physician Reviewer's decision rationale:

The ODG recommend that treatment for insomnia be based on etiology with the specific component of insomnia be addressed such as sleep onset, sleep maintenance, sleep quality, and next day functioning. Zolpidem (Ambien) prescription is recommended by ODG as a short-acting nonbenzodiazepine hypnotic and is approved for the short-term (usually two to six weeks) treatment of insomnia. There was no documentation submitted as to the effects of the drug and the employee is outside the recommended treatment guideline. **The request for Ambien 10 mg #30 is not medically necessary and appropriate.**

2. Zanaflex 4 mg #120 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which are a part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 66, which is a part of the MTUS.

The Physician Reviewer's decision rationale:

The California MTUS recommends the use of Zanaflex for management of spasticity and has off label use for low back pain. It is recommended as a first line option to treat myofascial pain. The drug's side effects of somnolence, dizziness, hypotension, weakness, and hepatotoxicity require of baseline effects at 1, 3, and 6 months. It is recommended for titration of the medication gradually until therapeutic effect with tolerable side effects. The documentation did not provide if any of the side effects had been monitored, the therapeutic effects with titration, and especially if any effect on liver function. **The request for Zanaflex is not medically necessary and appropriate.**

3. Lidoderm 5% #90 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which are a part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 56-57, which are a part of the MTUS.

The Physician Reviewer's decision rationale: The California MTUS recommends Lidocaine dermal patch for localized peripheral neuropathic pain and after evidence of a trial of first-line therapy from oral medications such as tricyclic antidepressants, gabapentin, or Lyrica. Lidoderm patch is not a first-line treatment and is FDA approved for post-herpetic neuralgia. Further studies are required for the dermal patch as treatment for chronic neuropathic pain disorders as there are risks to individuals that apply large amounts of the substance over a large area, leave the patch on too long, or use with occlusive dressing. There was no documentation submitted to

support the employee's use of Lidoderm patch, its effect, or the reduction of the employee's use with the gabapentin (recommended as first line of treatment for neuropathic pain). **The request for Lidoderm patches is not medically necessary and appropriate.**

/dso

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

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