

Case Number:	CM13-0039673		
Date Assigned:	12/20/2013	Date of Injury:	02/15/2006
Decision Date:	02/11/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/08/2013

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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Georgia. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

The claimant presents with low back pain following a work-related injury on February 15, 2006. The pain is described as radiating into right leg. The pain is associated with numbness in his thighs greater on the right side he rates his pain as a 7-8 out of 10 without medications and a 2-3 out of 10 with medications. The physical exam was significant for antalgic gait with a standard cane. The claimant was diagnosed with chronic low back pain, degenerative disc disease, right lumbar radiculopathy, and degenerative joint disease of the right hip status post total hip arthroplasty in 2006. The claimant has tried medications including Kadian, Norco, Lidoderm patches, and Lunesta. The claimant has had lumbar epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches topical 5%, 2 daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: Lidoderm patches topical 5%, 2 daily is not medically necessary. Per CA MTUS page 111 states that topical analgesics are "recommended for localized peripheral pain

after there has been evidence of a trial of first-line therapy (anti-depressants or AED)...Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis. The claimant was diagnosed with lumbar radiculopathy, DJD of the right hip which are non-neuropathic pain syndrome. Per CA MTUS topical analgesic such as Lidocaine is not recommended for non-neuropathic pain.

Lunesta, 2 mg, 1 daily: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Sleeping Pills, Mild Tranquilizers.

Decision rationale: The Physician Reviewer's decision rationale: Lunesta is in the same class as Ambien CR. Lunesta is not medically necessary. The ODG states that sleeping aids like Ambien and Lunesta "are not recommended for long term use, but recommended for short-term use. While sleeping pills, so called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialist rarely, if ever, recommend them for long-term use. They can be habit-forming and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over long-term. Sleeping pills are indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found sleep aids to be effective for up to 24 weeks in adults. According to the medical records the claimant appeared to have used Lunesta long term. It is more appropriate to set a weaning protocol at this point. Lunesta is not medically necessary.