

<b>Case Number:</b>	CM13-0060878		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/14/2007
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 is a 50 year old presenting with pain in the right ankle, bilateral shoulders, left upper arm, neck, and low back area following a work-related injury on August 14, 2007. The claimant is status post removal of hardware on August 23, 2011. The claimant reports that the pain is associated with daily headache. The physical exam was significant for limited range of motion with extension and flexion in all planes of the cervical spine, paracervical tenderness from C2-C7 to T1, parathoracic tenderness from T1 to T12-L1, paralumbar tenderness from L2 to L5-S1, right sacroiliac tenderness, right trochanteric tenderness, right medial and lateral epicondyles tenderness, limited range of motion of the bilateral shoulders. An MRI of the left shoulder revealed large superior posterior lateral ganglion cyst with SLAP tear. An MRI of the lumbar spine revealed mild to moderate L3-4 spinal stenosis secondary to severe facet degenerative this disease and grade 1 anterolisthesis L3 on L4. The claimant was diagnosed with chronic pain status post C4-5 anterior discectomy with decompression spinal cord and nerve root and posterior osteophyctectomy with arthrodesis C4-5 and C5-6 with prosthetic device and grafting, chronic right shoulder sprain, chronic thoracic myofascial pain, chronic lumbosacral sprain, chronic bilateral TMJ syndrome, right medial and lateral epicondylitis, chronic depression complicating treatment, bilateral ankle sprain, bilateral plantar fasciitis, dysphagia, chronic hoarseness and hypertension. The claimant's medications include Norco 10 for 325, Lunesta 2 mg, and Lidoderm patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 2mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp, 9th Edition (web.)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, section on Sleeping Aids, Mild Tranquilizers

**Decision rationale:** Lunesta is not medically necessary. The Official Disability Guidelines state that sleeping aids like Ambien and Lunesta "are not recommended for long term use, but recommended for short-term use." According to the medical records provided for review, the claimant appears to have used Lunesta long term. The request for Lunesta is not medically necessary and appropriate.

**Norco 10/325mg #210: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids- pain treatment agreement Page(s): 79.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section on Opioids Page(s): 79.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that the discontinuation of opioids is recommended if (a) there are no overall improvements in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the request for Norco is not medically necessary.

**Lidoderm patches: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain- Topical analgesics Lidocaine.

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

**Decision rationale:** The MTUS Chronic Pain Guideline state 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.)" 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 multiple chronic pain, spine and joint issues. The MTUS Chronic Pain Guidelines indicate topical analgesics such as Lidocaine are not recommended for non-neuropathic pain. The request is not medically necessary and appropriate.