

Case Number:	CM13-0067836		
Date Assigned:	01/03/2014	Date of Injury:	09/09/1997
Decision Date:	06/04/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 expert 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 patient is a 69 year old male who was injured on 09/09/1997. The mechanism of injury is unknown. Prior treatment history has included trying physical therapy. Medical list include: Hydrocodone 10-325 mg, Naproxen 550 mg and Lunesta 3 mg. A progress note dated 05/08/2013 documented the patient had to stop physical therapy because he was having increased muscle spasms after therapy. He states that he has not been able to get his Naproxen because the insurance has not authorized it. Recommendations: Refill Anaprox DS one po bid #60 and we will give him Lidoderm patches 1% one q12h on/off #60. PR-2 dated 11/13/2013 documented the patient with complaints of low back pain and left leg pain. The patient is status post lumbar laminectomy, discectomy and foraminotomy 11 months ago. There is still left foot pain. Pain is manageable (minimal) with medication. Objective findings include examination of the lumbar spine reveals spasm, painful range of motion and limited range of motion. Motor weakness at EHL on the left 4/5. Decreased sensation on the left at L5-S1. Pain on the left S1 level. Negative straight leg raising bilaterally. Negative Laseague bilaterally. Tenderness to palpation over surgical incision. The diagnoses are lumbar stenosis, severe at L4-5, moderate at L3-4 and left lower extremity radiculopathy. The recommendations include continue home exercise program, continue TENS unit to help minimize his oral medications and continue Lidoderm patch 5% every 12 hours on/off #30; they help minimize his oral medications, and Lunesta 3 mg one po qhs #30 for his difficulty sleeping.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR LIDODERM PATCHES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM Page(s): 56-57.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicates Lidocaine "may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia." The documentation provided reports the first recommendation of Lidoderm patches on 05/08/2013 with a refill of his Anaprox. On the most recent 11/13/2013, the patient reports his pain is manageable (minimal) with medication. The patients continued treatment plan included the continuation of the patches as they help minimize his oral medications. The patient was previously reported as taking Hydrocodone-Acetaminophen, Naproxen Sodium and Lunesta as of 12/20/2012; however, there is not clear documentation of what medications he is still currently using or being prescribed. There is also a lack of documentation of a trial of first-line therapies for the patient. Based on this, medical necessity has not been established.

RETROSPECTIVE REQUEST FOR LUNESTA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Med Lett Drugs Ther.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Insomnia Treatment.

Decision rationale: The ODG recommends treatment based on the etiology of insomnia. "The specific component should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." On 12/20/2012, the patient's medication profile documented the new prescription of Lunesta 3mg being added to his medication regimen. Throughout the records it is documented that the patient has been prescribed Lunesta for "difficulty sleeping". There is no clear component identified as to the reason the patient has difficulty sleeping or that the medication is helpful with the patients overall functioning and daytime productivity. Based on the lack of documented symptoms and improvement with the medication for the past year and a half, the medical necessity has not been established.