

<b>Case Number:</b>	CM14-0005366		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	10/01/2000
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Internal Medicine, 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 injured worker is a 41 year old female with an injury reported on 10/1/00. The mechanism of injury was not provided within the clinical notes. The clinical note dated 1/20/14 reported that the injured worker complained of persistent low back and bilateral lower extremity pain. The physical examination findings reported the injured worker's cervical and lumbar spine with tenderness, spasms and decreased range of motion. It was reported that a MRI report dated 11/13/13 reported C5-6 herniated nucleus pulposus with stenosis. It was noted that the injured worker's prescribed medication list included soma 350mg, cymbalta 60mg, norco 7.5/325mg, lunesta 3mg, lidoderm patches 5%, motrin 800mg, and lyrica 300mg. The injured worker's diagnoses included status-post laminectomy/discectomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDOCAINE PAD 5% #30/30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Page(s): 56.

**Decision rationale:** The California MTUS guidelines state topical 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. It was noted that the injured worker is prescribed Lyrica; however, there is a lack of clinical information provided on Lyrica's efficacy. The rationale for a topical lidocaine is unclear. It is unclear as to the location of the lidocaine patch is to be prescribed for. As such, the request is not medically necessary.

**LUNESTA TAB 3 MG #30/30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental health, Eszopicolone (Lunesta).

**Decision rationale:** The MTUS/ACOEM guidelines do not address this medication, so the Official Disability Guidelines were consulted instead. The Official Disability Guidelines state that Lunesta is not recommended for long-term use. It is unclear how long the injured worker has utilized Lunesta. There is a lack of clinical information provided on Lunesta's efficacy. As such, the request is not medically necessary.