MAXIMUS Federal Services

Case Number:	CM14-0152970		
Date Assigned:	09/23/2014	Date of Injury:	11/08/1996
Decision Date:	12/10/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/19/2014

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 Family Practice 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:

This is a 72-year-old male claimant who sustained a work injury on November 8, 1996 involving the neck, shoulders, left heel and back. He was diagnosed with chronic cervical pain, chronic lumbar pain with multilevel disc disease, chronic drastic myofascial pain, bilateral epicondylitis, chronic right shoulder pain and chronic left shoulder pain. He had plantar fasciitis which was also treated with surgery. He developed insomnia secondary to the chronic pain as well as depression and anxiety from his industrial injury. The progress note dated August 15, 2014 indicated the claimant had persistent pain in the involved areas. Exam findings were notable for decreased range of motion in the cervical, thoracic and lumbar region. He had paralumbar and thoracic spasms. He was continued on his Norco for pain as well as Lidoderm patches. Other topical analgesics including Capsaicin cream and topical Voltaren gel was also given. He had been on Norco since at least March 2014. He was on Lunesta at the time for insomnia. In September 2014 the claimant had continued complaints of pain and insomnia. He was continued on the above medications as well as Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS Chronic Pain Medical Treatment Guidelines it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months along with other analgesics without significant improvement in pain or function. Pain scales were not noted. The continued use of Norco is not medically necessary.

Lunesta 2.0 mg #30 with 3 refills: 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), Pain Chapter; Lunesta

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

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the Official Disability Guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Although Lunesta is approved for longer use than 35 days, the claimant had been provided with over three months' supply of Lunesta. In addition, the claimant had been on intermittent use of Lunesta In the past several months. There is no mention of alternative behavioral interventions used for improving insomnia. Descriptions of sleep onset and sleep maintenance for sleep quality were not mentioned. The continued and prolonged use of Lunesta is not medically necessary.

Lidoderm Patches 3 patches 12 hours on 12 hours off: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants

have failed. Lidocaine is 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 anti-epilepsy drug such as Gabapentin or Lyrica). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches is not recommended. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.