

Case Number:	CM14-0163337		
Date Assigned:	10/08/2014	Date of Injury:	02/17/2000
Decision Date:	12/03/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/03/2014

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 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:

This is a 59-year-old female patient who reported an industrial injury on 2/17/2000, over 14 years ago, attributed to the performance of usual and customary job duties. The patient complained of chronic pain to the head, bilateral arms, left leg, neck, bilateral shoulders, bilateral buttocks, thoracic spine, bilateral elbows, bilateral hips, chest wall, bilateral hands, bilateral knees, bilateral low back, bilateral ankles/feet, and groin. There is been no change in the characteristics of the pain. The patient is noted to be status post L4-L5 discectomy and bone graft. The patient also had cervical spine surgical intervention x2. The patient is prescribed fentanyl patches 50 mcg/hr; hydrocodone-APAP 10/325 mg; soma 350 mg; Ativan 1 mg; and Lunesta. The objective findings on examination included tenderness to palpation; diminished range of motion of the lumbar spine and no documented neurological deficits. The diagnoses included postlaminectomy syndrome of the cervical region; cervicgia; headaches; lumbago; degeneration of lumbar or lumbosacral intervertebral disc; lumbosacral spondylosis without myelopathy; displacement of lumbar intervertebral disc without myelopathy; pain in joint involving lower leg; and pelvic region pain. The treatment plan included a prescription for Sumatriptan and 100 mg #9 and DNA testing. The patient was prescribed Lunesta 3 mg #30 with refill x1; fentanyl patches 50 mcg/hr #10; Lidoderm patches 5% #30; Voltaren 1% gel; tizanidine 2 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

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

Decision rationale: The California MTUS and the ACOEM guidelines are silent as to the use of sleeping medications. The prescription for Lunesta is recommended only for the short-term treatment of insomnia for two to six weeks by the ODG. The patient is being prescribed the Lunesta on a routine basis. There is no provided subjective/objective evidence to support the prescription for the use of Lunesta 3 mg. on an industrial basis for this patient for the ongoing prolonged period of time. The patient has exceeded the recommended time period for the use of this short-term sleep aide. There is no medical necessity for the prescription of Lunesta on a nightly basis. There is no rationale to support the #30 per month Lunesta for the insomnia associated with chronic pain. The patient has been prescribed a sedative hypnotic for a prolonged period time and has exceeded the time period recommended by evidence-based guidelines. The continued use of Lunesta on a nightly basis is inconsistent with evidence-based medicine and is not effective for the patient leading to dependency issues. There is no recommendation for Lunesta for any sleep disturbance issue or for insomnia. The patient has been prescribed Lunesta for a period of time without any documentation of a failure of the multiple available over-the-counter sleep aids. The patient should be discontinued from the recently prescribed Lunesta in favor of other available remedies that may be obtained over the counter. There needs to be further documentation in the medical record that the insomnia is persistent or related to the industrial injury. The patient is prescribed a sedative hypnotic on a nightly basis and not PRN insomnia. There is no demonstrated medical necessity for the use of Lunesta when only short-term treatment is recommended by evidence guidelines. The use of nightly sleeping aids is not medically necessary. The sedative hypnotic is known to lead to issues of dependency and abuse. There is no demonstrated medical necessity for the continuation of Lunesta 3 mg #30 with refill x1.

Lidoderm 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines anti-inflammatory medications; chronic pain chapter's topical analgesics Page(s): 67-68, 111-1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter medications for chronic pain; topical analgesics

Decision rationale: The prescription of topical Lidoderm 5% patches #30 was not demonstrated to be medically necessary and no objective evidence to support the medical necessity of the prescribed topical lidocaine for the cited diagnoses. The CA MTUS does not recommend the use of Lidoderm patches for pain control as the patches or ointment are only FDA approved for the

treatment of neuropathic pain attributed to post herpetic neuralgia. The patient is being treated with Lidoderm patches for chronic back pain. There is no medical necessity for the use of the Lidoderm patches for the objective findings documented on examination. The request for authorization of the Lidoderm patches is not supported with objective evidence and is not recommended as a first line treatment for the treatment of chronic shoulder pain. There is no objective evidence that the Lidoderm patches are more effective than the many available alternatives for the treatment of chronic pain. There is no objective evidence to support the use of Lidoderm patches for the stated symptoms, as there are available alternatives. There is no objective evidence to support the use of topical lidocaine for the treatment of the documented diagnoses. The applicable evidence-based guidelines state that more research is required prior to endorsing the use of Lidoderm patches for the treatment of chronic pain. The prescription of Lidoderm patches is FDA approved only for post herpetic neuralgia and is not to be used as a first line treatment. The provider provides no rationale for the use of the dispensed/prescribed Lidoderm patches over the readily available medical alternatives. The prescription of the Lidoderm patches is inconsistent with evidence-based guidelines. There are no prescribed antidepressants or gabapentin to support the medical necessity of Lidoderm topical patches. Evidence-based guidelines necessitate documentation of 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) to support the medical necessity of Lidoderm patch. The patient is not taking Neurontin, thus, Lidoderm is not appropriate for the treatment of this patient. There is no objective evidence to support the use of Lidoderm patches for the continuous and daily treatment of chronic back pain. There is no current clinical documentation that indicates that the patient has a localized area of neuropathic pain for which this medication would be medically necessary. There is no demonstrated medical necessity for Lidoderm patches or topical lidocaine ointment to treat the effects of the industrial injury. ODG identifies that Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. 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. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. Additionally, ODG states that topical lidocaine 5% patch has been approved by the FDA for post-herpetic neuralgia, and is used off-label for diabetic neuropathy and other neuropathic pain. It has been shown to be useful in treating various chronic neuropathic pain conditions in open-label trials. (Argoff, 2006) (ODG, Pain Chapter). There is no demonstrated medical necessity for the prescribed Lidoderm 5% patches #30.

Voltaren 1% gel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; NSAIDs Page(s): 111-113; 22, 67-68, 71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter topical analgesics; NSAIDs American

Decision rationale: The topical NSAID, Voltaren 1% gel, is not medically necessary in addition to prescribed oral NSAIDs. The patient has been prescribed topical Voltaren gel for chronic back pain 14 years after the DOI. The patient has received topical NSAID gels for a prolonged period of time exceeding the time period recommended by evidence-based guidelines. There is no demonstrated medical necessity for both an oral NSAID and a topical NSAID. There is no provided subjective or objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. Only if the subjective/objective findings are consistent with the recommendations of the CA MTUS, then topical use of topical preparations is only recommended for short-term use for specific orthopedic diagnoses. There is no documented functional improvement by the provider attributed to the topical NSAID. The use of topical NSAIDS is documented to have efficacy for only 2-4 weeks subsequent to injury and thereafter is not demonstrated to be as effective as oral NSAIDs. There is less ability to control serum levels and dosing with the topicals. The patient is not demonstrated to have any GI issue at all with NSAIDS. The patient was prescribed an oral opioids and topical NSAID concurrently. The use of the topical creams/gels does not provide the appropriate therapeutic serum levels of medications due to the inaccurate dosing performed by rubbing variable amounts of creams on areas that are not precise. The volume applied and the times per day that the creams are applied are variable and do not provide consistent serum levels consistent with effective treatment. There is no medical necessity for the addition of creams to the oral medications in the same drug classes. There is no demonstrated evidence that the topicals are more effective than generic oral medications. The prolonged use of topical Voltaren gel 1% is not supported by the applicable evidence-based guidelines. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or demonstrated to be medically necessary. The prescribed topical Voltaren topical 1% gel is not demonstrated be medically necessary.

Tizanidine HCL 2mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants for pain Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-medications for chronic pain; muscle relaxants; cyclobenzaprine American College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, (2004) Chapter 3 page 47; Chronic pain chapter 2008 page 128; muscle relaxant

Decision rationale: The patient has been prescribed muscle relaxers for chronic pain on a routine basis as there are muscle spasms documented by the requesting provider while treating chronic pain attributed to the effects of the industrial injury. The patient is prescribed Tizanidine 2 mg #120 on a routine basis for which there is no medical necessity in the treatment of chronic pain. The routine prescription of muscle relaxers for chronic pain is not supported with objective medical evidence and is not recommended by the CA MTUS. The use of the Tizanidine for

chronic muscle spasms is not supported by evidence-based medicine; however, an occasional muscle relaxant may be appropriate in a period of flare up or muscle spasm. The prescription for Tizanidine (Zanaflex) is recommended by the CA MTUS or the Official Disability Guidelines for the short-term treatment of muscle spasms but not for chronic treatment. The chronic use of muscle relaxants is not recommended by the CA MTUS; the ACOEM Guidelines, or the Official Disability Guidelines for the treatment of chronic pain. The use of muscle relaxants are recommended to be prescribed only briefly for a short course of treatment and then discontinued. There is no recommendation for Tizanidine as a sleep aid. The patient is prescribed Zanaflex for muscle spasms to the lower back. The CA MTUS does not recommend Tizanidine 2 mg #120 for the treatment of chronic pain as a centrally acting adrenergic agonist approved for spasticity but unlabeled or off label use for chronic pain. The prescription for tizanidine 2 mg #120 is not demonstrated to be medically necessary.