

Case Number:	CM14-0079331		
Date Assigned:	07/18/2014	Date of Injury:	06/07/2002
Decision Date:	09/23/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/29/2014

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 Anesthesiology, has a subspecialty in Pain 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 56 year old male who sustained an injury on 06/07/02. No specific mechanism of injury was noted. The injured worker had been followed for ongoing complaints of low back pain which worsened with lumbar range of motion. The injured worker had had prior sacroiliac joint injections with limited response. The injured worker did report that medications provided a substantial amount of relief of up to 80%. As of 05/05/14, the injured worker was utilizing Lidoderm 5% patches, Norco 10/325mg, and Lunesta 3mg. Other medications included Zanaflex, Avinza, Carbomethazine, and Fortesta. The injured worker's physical examination noted intact strength in the lower extremities. No reflex changes were reported. There was loss of sensation in a right L4 through S1 dermatome. It is noted the injured worker was status post lumbar fusion from L4 through S1 completed in 2006. The requested Lunesta 3mg, quantity 30 as well as Lidoderm 5% patch, quantity 30 were both denied by utilization review on 05/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg, 1 every hour of sleep, # 30, all 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-Insomnia.

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 Treatment.

Decision rationale: In regards to the request for Lunesta 3mg, quantity 30, this reviewer would not have recommended this request as medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. In review of the documentation, there is no clear indication that Lunesta was providing any substantial improvement in terms of sleep ability. No insomnia index scoring was provided for review showing improvement in the injured worker's overall sleep habits with the use of this medication. Although Lunesta can be utilized on a longer term basis than other medications to treat insomnia, the clinical documentation would not support its ongoing use at this point in time. Therefore, this reviewer would not have recommended this request as medically necessary.

Lidoderm 5%, # 30, all refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Patches Page(s): 54.

Decision rationale: In regards to the request for Lidoderm 5%, quantity 30, this reviewer would not have recommended this request as medically necessary. The clinical documentation provided did not discuss the prior use of 1st line medications such as anticonvulsants or antidepressants for the treatment of neuropathic pain. Per guidelines, Lidoderm patches can be utilized as an option in the treatment of neuropathic pain. However, guidelines do indicate that there should be documented failure of 1st line medications for neuropathic pain such as antidepressants or anticonvulsants before considering the use of Lidoderm patches. As this was not clearly evident in the clinical documentation provided for review, this reviewer would not recommend this request as medically necessary.