

<b>Case Number:</b>	CM14-0188118		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	10/01/2000
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

6/9/14 note reports pain in the neck radiating into the right upper extremity fingers with numbness and tingling. There is pain with neck range of motion with grip strength diminished in left. IN the low back there is pain that radiates into the knees left greater than right. There is associated numbness and tingling. 6/9/14 lumbar x-rays show well preserved lumbar joints with no evidence of fracture, dislocation, scoliosis, spondylosis and maintained disc heights. In the cervical spine there is moderate to severe C5-6 spondylosis. ROS notes difficulty with restful nocturnal sleep pattern.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches 5% #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

**Decision rationale:** The medical records provided for review do not indicate a neuropathic pain condition the records do not report poor tolerance to oral medications or indicate the specific medications failed, specifically trials of antidepressants and anticonvulsants. MTUS supports

this agent is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As the records do not indicate specific antidepressants and anticonvulsants tried and failed, the medical records do not support use of this medication congruent with MTUS.

**Lunesta 3mg #90:** 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), Eszopicolone (Lunesta)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, zolpidem, sleep aid

**Decision rationale:** The medical records provided for review indicate improvement in pain symptoms with report of significant sleep interference. ODG guidelines support short term use of sleep agent such as Zolpidem or Lunesta for 4 to 6 weeks when there is failure of 6 months of conservative care and sleep hygiene program. As the medical records provided for review do not indicate or document such failure, the medical records do not support a medical necessity for this treatment.

**Ibuprofen 800mg #180:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines nsaid  
Page(s): 67.

**Decision rationale:** The medical records provided for review support a condition of musculoskeletal pain and reports specific functional gain in regard to benefit from therapy including the NSAID. MTUS supports the use of an NSAID for pain (mild to moderate) in relation to musculoskeletal type but there is no evidence of long term effectiveness for pain. As such the medical records provided for review do support the use of ibuprofen for the insured as there is indication of objective benefit in function.

**Lyrica 150mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines lyrica  
Page(s): 99.

**Decision rationale:** The medical records report a condition of musculoskeletal pain but no indication of a neuropathic pain condition. MTUS supports the use of Lyrica for neuropathic pain conditions. As the medical records do not indicate specific neuropathic pain condition, the medical records do not support the use of Lyrica at this time.