

<b>Case Number:</b>	CM14-0205209		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	10/09/2013
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Physical Medicine Rehabilitation 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 patient is a 55-year-old male who has submitted a claim for right hip pain, right rotator cuff syndrome, and open fracture of base of thumb associated with an industrial injury date of 10/09/2013. Medical records from 2014 were reviewed. The patient complained of right hip, right shoulder, and right thumb pain. He reported that medications provided decreased pain severity from 8/10 to 4/10. He was also able to perform activities of daily living. Physical examination showed antalgic gait favoring the right hip, limited right shoulder flexion and abduction, tenderness of 1st CMC joint of the right, positive Hawkin's test, negative Slump test, tenderness at right hip, and limited right hip motion. Treatment to date has included hernia repairs, left knee arthroscopy, right hip arthroscopy and labral repair, intra-articular right hip injection, physical therapy and medications such as Lidoderm patch (since at least June 2014), Lunesta and Vistaril (since at least September 2014). The utilization review from 11/13/2014 modified the request for Lunesta tablet 3mg into Qty 30 to assist in safely weaning the patient from all hypnotics; denied Vistaril capsule 25mg because of no documented functional improvement; and denied Lidoderm patch 5% because of no documented localized, peripheral neuropathic pain to warrant such.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 3mg #30 with 2 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, Pain Chapter

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

**Decision rationale:** CA MTUS does not specifically address Eszopiclone (Lunesta). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. It states that eszopiclone (Lunesta) is a non-benzodiazepine sedative-hypnotic (benzodiazepine-receptor agonist) and is a first-line medication for insomnia. It is a schedule IV controlled substance that has potential for abuse and dependency. Lunesta has demonstrated reduced sleep latency and sleep maintenance, and is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. In this case, the patient has been on Lunesta since at least September 2014. However, there is no discussion concerning beneficial effect with regards to sleep. There is likewise no documentation regarding sleep hygiene. The medical necessity has not been established due to insufficient information. Therefore, the request for Lunesta 3mg #30 with 2 refills is not medically necessary.

**Vistaril 25mg #120 with 2 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, Pain Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Vistaril).

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, FDA was used instead. According to FDA, Vistaril (hydroxyzine pamoate) is indicated for symptomatic relief of anxiety and tension associated with psychoneurosis, and as an adjunct in organic disease states in which anxiety is manifested. The effectiveness as an anti-anxiety agent for long-term use (more than 4 months) has not been assessed by clinical studies. In this case, the patient has been on Vistaril since at least September 2014. However, there is no documentation concerning functional improvement with regards to anxiety. The medical necessity has not been established due to insufficient information. Therefore, the request for Vistaril 25mg #120 with 2 refills not medically necessary.

**Lidoderm 5% Patches #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine patch Page(s): 56-57.

**Decision rationale:** Pages 56 to 57 of CA MTUS Chronic Pain Medical Treatment Guidelines state that 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). In this case, the patient has been on Lidoderm patch since at least June 2014 and reports functional improvement with use. However, his clinical manifestations are not consistent with peripheral neuropathy to warrant such treatment. There is likewise no evidence of trial of first-line therapy. The guideline criteria are not met. Therefore, the request for Lidoderm 5% Patches #60 with 2 refills is not medically necessary.