

Case Number:	CM15-0103422		
Date Assigned:	06/05/2015	Date of Injury:	09/24/2002
Decision Date:	07/10/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	05/29/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 69-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 24, 2002. In a Utilization Review report dated May 20, 2015, the claims administrator partially approved a request for Lunesta while denying Lidoderm patches outright. The claims administrator did apparently approve request for Lyrica, it was suggested. A May 15, 2015 RFA form and associated progress note of April 20, 2015 were referenced in the determination. On April 20, 2015, the applicant reported ongoing complaints of low back pain radiating to left lower extremity, 8-9/10 without medications versus 4/10 with medications. The applicant had undergone earlier failed lumbar spine surgery, it was acknowledged. The attending provider suggested that the applicant continue Lunesta, Lyrica, and Lidoderm patches. The applicant's permanent work restrictions were renewed. The attending provider did not state whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. The attending provider stated that the applicant's ability to perform household chores such as cleaning was ameliorated as a result of medication consumption. This was not expounded upon, however.

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 Official Disability Guidelines-Treatment for Workers Compensation, Online Edition, Mental Illness and Stress Chapter, Eszopiclone (Lunesta), Pain Chapter (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Eszopiclone (Lunesta).

Decision rationale: The request for Lunesta, a sleep aid, was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, ODG's Mental Illness and Stress Chapter Eszopiclone topic notes that Eszopiclone or Lunesta is not recommended for long-term use purposes but, rather, is reserved for short-term use purposes. Here, the request was framed as a renewal or extension request for Lunesta. Continued usage of the same, thus, ran counter to ODG principles and parameters. The attending provider failed to furnish a clear or compelling rationale or medical evidence for continuation of Lunesta in the face of the unfavorable ODG position on the same. Therefore, the request is not medically necessary.

Lidoderm patches 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

Decision rationale: No, the request for topical Lidoderm patches is not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledged that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there have been a trial of first-line therapy with antidepressants and/or anticonvulsants. Here, however, the applicant's ongoing usage of Lyrica, an anticonvulsant adjuvant medication, effectively obviated the need for the Lidoderm patches at issue. Therefore, the request is not medically necessary.