

Case Number:	CM15-0131201		
Date Assigned:	07/17/2015	Date of Injury:	03/19/2013
Decision Date:	09/09/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/07/2015

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: New York

Certification(s)/Specialty: Internal 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 injured worker is a 55 year old male, who sustained an industrial injury on 03/19/2013. The injured worker is permanent and stationary and currently able to return to work with modifications. The injured worker is currently diagnosed as having lumbar degenerative disc disease, lumbosacral radiculitis, foot sprain/strain, hypertension, diabetes, right sacroiliac joint dysfunction, and muscle spasms. Treatment and diagnostics to date has included use of TENS (Transcutaneous Electrical Nerve Stimulation) Unit and heat with relief, home exercise program, and medications. In a progress note dated 06/22/2015, the injured worker presented with complaints of low back pain with radiation of pain to right leg with occasional weakness. The physician noted that medications help with pain about 40 percent without side effects, sleep is improved with Lunesta (Eszopiclone), and LidoPro ointment is very helpful and helps with neuropathic pain in lower extremity. Objective findings include decreased lumbar range of motion with tenderness to palpation to paraspinal muscles. The treating physician reported requesting authorization for LidoPro cream, Eszopiclone, and Tens Patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Cream 121 gm DOS: 6/22/15 (Capsaicin, Lidocaine, Menthol, and Methyl Salicylate): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: As per California MTUS Chronic Pain Guidelines, topical analgesics are "largely experimental in use with few randomized control trials to determine efficacy or safety. Primarily, recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed". California MTUS also states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". Any topical agent with Lidocaine is not recommended if it is not Lidoderm. LidoPro contains Lidocaine, capsaicin, menthol, and methyl-salicylate. Therefore, based on the Guidelines and the submitted records, the request for LidoPro is not medically necessary.

Eszopiclone 1mg #30 DOS: 6/22/15: Upheld

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

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: Regarding the request for Lunesta (Eszopiclone), California MTUS Guidelines are silent. Official Disability Guidelines (ODG) recommends that "pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or mental illness....the specific component of insomnia should be addressed: sleep onset, sleep maintenance, sleep quality, and next day functioning". "Non-benzodiazepine sedative hypnotics (benzodiazepine-receptor agonists) are first line medications for insomnia...All the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency." This injured worker has been on a prescription sleep aid since at least 01/08/2015 and this medication is not meant to be used chronically. Therefore, the request for Eszopiclone is not medically necessary.

Tenspatch x 2 pairs DOS: 6/22/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: According to California MTUS Chronic Pain Medical Treatment Guidelines, TENS (Transcutaneous Electrical Nerve Stimulation) is "not recommended as a primary treatment modality, but a one-month home based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration". After review of the medical records, the injured worker had reported that the TENS Unit was helpful. However, this is insufficient documentation to justify continued use of the TENS Unit. A report of measurable changes in function and pain reduction with its use is required in order to show evidence of benefit. Therefore, based on the Guidelines and the submitted records, TENS patches are not medically necessary.