

Case Number:	CM15-0140484		
Date Assigned:	07/30/2015	Date of Injury:	07/21/2014
Decision Date:	08/28/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/20/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 64 year old male, who sustained an industrial injury on 7-21-14 Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar discogenic syndrome; lumbar radiculitis; lumbar degenerative disc disease; myofascial pain. Treatment to date has included physical therapy; TENS unit; medications. Currently, the PR-2 notes dated 6-10-15 indicated the injured worker is in the office for a monthly visit and continues to report low back pain radiating down to the bilateral lower extremities with weakness. Pain increases with prolonged sitting and walking. He ran out of medications - Gabapentin and Lunesta and pain increased and sleep is very difficult mainly due to pain. He rarely takes Naproxen (advised to limit due to blood pressure and tachycardia). He has been taking Gabapentin 300mg, Cyclobenzaprine and Lunesta at bedtime and without this medication, it takes hours to fall asleep. Sleep has improved with the Lunesta but it still is taking over an hour to fall asleep. The PR-2 notes dated 1/2/15 reviewed a MRI lumbar spine (no date). It is documented by provider revealing multiple bulges in the lumbar with foraminal narrowing; L5-S1 bordering on a broad-based disc protrusion within the foramina, especially on the left where there is moderate left foraminal compromise and borderline impingement of the exiting right L5 nerve root. An EMG/NCV study (no date) of the lower extremities was also reported on the PR-2 notes dated 1/2/15. The provider reviewed the study, which revealed right L5 radiculopathy. The provider's treatment plan indicates they are waiting on lumbar epidural steroid injections by a pain management specialist as well as a neurosurgical consultation. The injured worker is to continue his home exercise program. The provider is refilling the medications and notes a trial of LidoPro

ointment as he has tried first-line treatment for neuropathic pain but he had no sufficient pain control. The provider is requesting authorization of Cyclobenzaprine 7.5mg #60; LidoPro Cream 121gm and Eszopicolone (Lunesta) 3mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: Regarding the request for Cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific objective functional improvement because of the Cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Given this, the current request is not medically necessary.

Lidopro Cream 121gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding request for topical lidocaine, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the first line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Guidelines further stipulate that no commercially approved topical formulations of lidocaine cream, lotion, or gel are indicated for neuropathic pain. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Furthermore, guidelines do not support the use of topical lidocaine preparations, which are not in patch form. As such, the currently requested topical formulation, which contains lidocaine, is not medically necessary.

Eszopicolone (Lunesta) 3mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding the request for Lunesta, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. With Eszopicolone (Lunesta), the guidelines state this agent "has demonstrated reduced sleep latency and sleep maintenance." It is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. Within the documentation available for review, there is no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has response to the medication in question. Given this, the current request is not medically necessary.