

Case Number:	CM15-0146571		
Date Assigned:	08/07/2015	Date of Injury:	05/18/1999
Decision Date:	09/22/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/28/2015

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

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 65 year old male, who sustained an industrial injury on 5-18-1999. Diagnoses have included degenerative disc disease, lumbar facet arthropathy and central disc herniation. Treatment to date has included radiofrequency ablation, nerve root blocks, transcutaneous electrical nerve stimulation (TENS), heat, ice and medication. According to the progress report dated 5-28-2015, the injured worker complained of a flare up of pain and spasms last month. He continued to experience burning in the toes intermittently as well as pain in his low back and left leg extending from the knee to the foot. The injured worker underwent radiofrequency ablation once a year, which provided him with pain relief that lasted almost a year. He stopped taking narcotic pain medication after the last radiofrequency ablation procedure. Physical exam revealed limited range of motion of the lumbar spine due to pain. There was tenderness to palpation over the lumbar paraspinal muscles. Authorization was requested for Zanaflex, Naprosyn and Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #25: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG-TWC Pain Procedure Summary Non-Sedating Muscle Relaxants.

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

Decision rationale: The patient presents with intermittent burning in the toes as well as pain in the low back and left leg extending from the knee to the foot. The current request is for Zanaflex 4mg, quantity 25. The treating physician states 5/28/15 (5B), the patient "is able to control his pain symptoms with use of Zanaflex, Naprosyn EC and Lidoderm patches. He continues to take Lunesta as needed or sleep disturbances secondary to pain and inability to find a comfortable position." MTUS guidelines recommend non-sedating muscle relaxant with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic lower back pain. However, in most cases they show no benefit beyond NSAID in pain and overall improvement. MTUS guidelines further note that Zanaflex is allowed for the use for low back pain, myofascial pain and fibromyalgia. There is no clear documentation of how long the patient has medicated with Zanaflex however usage is noted retrospectively to 1/21/15 (17B) and the patient reports decreased pain and improved function with usage of Zanaflex. The current request is medically necessary.

Naprosyn 500mg #60 with 3 refills: 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 Anti-inflammatory medications Page(s): 22, 60.

Decision rationale: The patient presents with intermittent burning in the toes as well as pain in the low back and left leg extending from the knee to the foot. The current request is for Naprosyn 500mg, quantity 30 with 3 refills. The treating physician states 5/28/15 (5B), the patient "is able to control his pain symptoms with use of Zanaflex, Naprosyn EC and Lidoderm patches. He continues to take Lunesta as needed or sleep disturbances secondary to pain and inability to find a comfortable position." Regarding NSAIDs, MTUS does recommend NSAIDs for first line treatment to reduce pain. MTUS additionally supports NSAIDs for chronic low back pain, at least for short-term relief. It is also supported for other chronic pain conditions. MTUS page 60 also states: "A record of pain and function with the medication should be recorded", when medications are used for chronic pain. In this case, the treating physician notes a decrease in pain from 4/10 to a 2/10 and an increase in function with the current medication regime. The current request is medically necessary.

Lunesta 3mg #15 with 5 refills: 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 ODG Online, Mental Illness & Stress Chapter, Eszopicolone (Lunesta).

Decision rationale: The patient presents with intermittent burning in the toes as well as pain in the low back and left leg extending from the knee to the foot. The current request is for Lunesta 3mg, quantity 15 with 5 refills. Eszopicolone (Lunesta) is used for treating sleeping problems with symptoms such as difficulty falling asleep and difficulty staying asleep during the night. The treating physician states 5/28/15 (5B), the patient "is able to control his pain symptoms with use of Zanaflex, Naprosyn EC and Lidoderm patches. He continues to take Lunesta as needed or sleep disturbances secondary to pain and inability to find a comfortable position." MTUS is silent regarding this treatment. ODG states: "Not recommended for long-term use, but recommended for short-term use. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term." In this case, it is not clear how long the patient has been medicated with Eszopicolone but usage dates back at least until 1/21/15 (17B). ODG does not support on-going, long-term use of this medication. The current request is not medically necessary.

Lidoderm 5% patch #15 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 5, 112.

Decision rationale: The patient presents with intermittent burning in the toes as well as pain in the low back and left leg extending from the knee to the foot. The current request is for Lidoderm 5% patch, quantity 15 with 3 refills. The treating physician states 5/28/15 (5B), the patient "is able to control his pain symptoms with use of Zanaflex, Naprosyn EC and Lidoderm patches. He continues to take Lunesta as needed or sleep disturbances secondary to pain and inability to find a comfortable position." MTUS Guidelines state, "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)." MTUS Guidelines go on to also state, "Recommended for localized peripheral pain." When reviewing ODG, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function." Review of the clinical history does not indicate how long the patient has been treating with Lidoderm patches however treatment is noted back to at least 1/21/15 (17B). In this case, the treating physician notes a decrease in pain from 4/10 to a 2/10 and an increase in function with

the current medication regime but there is no documentation of positive response or improvement specifically from utilizing Lidoderm patches. Additionally, the area for treatment is not designated. Therefore, the current request is not medically necessary.