

Case Number:	CM15-0148310		
Date Assigned:	08/11/2015	Date of Injury:	05/09/2013
Decision Date:	09/11/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/30/2015

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, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 40 year old male patient, who sustained an industrial injury on May 9, 2013. The diagnoses include lumbago, myalgia and myositis, and depressive disorder. Per the doctor's note dated 7/8/15, he had complains of low back pain at 8/10. His pain was aggravated by prolonged sitting and walking. He reported that his medications were less effective for his pain and he had difficulty falling to sleep and staying asleep. He reported an increase in pain due to not sleeping. He reported that his pain has remained unchanged since his last evaluation and he has been experiencing depressive symptoms. The physical examination revealed a normal gait, restricted lumbar spine range of motion by pain, tenderness to palpation over the lumbar paravertebral muscles, positive straight leg raise bilaterally, reduced motor strength in the bilateral lower extremities and normal sensation to light touch. The medications list includes cyclobenzaprine, Lexapro, Ultracet, Lunesta, Lidopro ointment and pantoprazole. He has had EMG/NCS lower extremities dated 5/2/14 with normal findings; lumbar spine MRI dated 8/30/2013. Treatment to date has included physical therapy, chiropractic care, psychotherapy, ice-heat therapy, pain medications and home exercise program. The treatment plan includes pain psychology sessions, home exercise program, ice-heat therapy, and continuation of cyclobenzaprine, Lexapro, Ultracet, Lunesta, Lidopro ointment and pantoprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro ointment 4.5 percent #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: Lidopro ointment 4.5 percent #1. Lidopro is a topical compound cream which contains capsaicin, lidocaine, menthol and methylsalicylate. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed." There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine Indication: Neuropathic pain 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). Non-neuropathic pain: Not recommended. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of anti-depressants and anti-convulsants have failed to relieve symptoms. Patient is taking lexapro. Failure of lexapro or trial and failure of anti-convulsants is not specified in the records provided. Any intolerance or contraindication to oral medications is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Capsaicin is not recommended in this patient for this diagnosis as cited above. There is no evidence to support the use of menthol in combination with other topical agents. The medical necessity of Lidopro ointment 4.5 percent #1 is not fully established for this patient.

Lunesta 1mg tab #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 (ODG), Treatment Index, 13th Edition (web) 2015, Mental Health and Illness (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 09/03/15) Insomnia treatment.

Decision rationale: Lunesta 1mg tab #30. CA MTUS does not address this request. Eszopicolone(Lunesta) is a benzodiazepine-receptor agonist (Non-Benzodiazepine sedative-hypnotics) FDA approved for use of treatment of insomnia. It is a controlled substance. Per the ODG guideline regarding insomnia treatment 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 medical illness. (Lexi-Comp, 2008) Primary insomnia is generally addressed pharmacologically. Secondary insomnia may

be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. A failure of other measures for treatment of the patient's insomnia symptoms, including proper sleep hygiene, and medications other than controlled substances, is not specified in the records provided. The response of the Lexapro on the patient's depression, and the subsequent effect of the treatment of depression on the insomnia symptoms, was not specified in the records provided the medical necessity of Lunesta 1mg tab #30 is not fully established in this patient.