

Case Number:	CM15-0180845		
Date Assigned:	09/22/2015	Date of Injury:	03/18/2013
Decision Date:	10/27/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/14/2015

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, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 59 year old male-female, who sustained an industrial-work injury on 3-18-13. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar strain, cervical strain and dizziness. Medical records dated (2-10-15 to 8-24-15) indicate that the injured worker complains of headache, dizziness, neck pain and low back pain. The pain is rated 5-7 out of 10 on pain scale, which has been unchanged. The medical record dated 8-24-15 the physician indicates that the injured worker reports periodic headaches and dizziness, gastrointestinal upset has improved with use of Omeprazole, denies mood changes and sleep has improved with Lunesta and he denies morning drowsiness. Per the treating physician report dated 8-24-15 the injured worker has not returned to work. The physical exam dated 8-24-15 reveals decreased cervical range of motion, and tense and tender cervical spine and paraspinal muscles. There is decreased lumbar range of motion with forward flexion just above the ankles. There is positive tenderness to palpation in the lumbar spine and paraspinal muscles. Treatment to date has included pain medications, Cyclobenzaprine since at least 2-10-15, Lidopro cream since at least 6-9-15, and Eszopiclone since at least 6-9-15, acupuncture at least 8 sessions with 20 percent improvement, Transcutaneous electrical nerve stimulation (TENS), exercise, cane and other modalities. There is no urine drug screen reports noted. The request for authorization date was 8-24-15 and requested services included Cyclobenzaprine, Lidopro cream and Eszopiclone. The original Utilization review dated 9-1-15 non-certified the request for Cyclobenzaprine as the guidelines recommend short-term use of 2-3 weeks and the documentation supports continued renewals, which indicate long-term use. The request for

Lidopro cream is non-certified as the guidelines recommend that Lidocaine as a topical analgesic should be in the form of Lidocaine patch and no other topical formulations are indicated at this time. The request for Eszopiclone is non-certified as it is not recommended by the guidelines for long-term use and should be limited to 3 weeks maximum and the injured worker has been on Lunesta for several months already.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Guidelines recommend muscle relaxants as a second line option for short-term treatment of acute exacerbations of pain, but they do not show any benefit beyond NSAIDs. In this case, there is no evidence to suggest significant muscle spasm to warrant the use of this medication. The request for cyclobenzaprine, uncertain dose and quantity, is not medically appropriate and necessary.

Lidopro cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Guidelines state that topical agents are largely experimental and primarily recommended for neuropathic pain when trials of antidepressants and anti-epileptics have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. In this case, there was no evidence of failure of all other first line drugs and guidelines do not support capsaicin or lidocaine in this form. The request for topical Lidopro is not medically appropriate and necessary.

Eszopiclone: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

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

Decision rationale: Guidelines state that Lunesta is utilized to treat insomnia for no longer than 35 days. In this case, there is no documentation that the patient complained of insomnia. The request for Lunesta 3 mg #1 is not medically appropriate and necessary.