

Case Number:	CM15-0187712		
Date Assigned:	09/29/2015	Date of Injury:	08/12/2011
Decision Date:	12/01/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/24/2015

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: 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 40 year old female who sustained an industrial injury on 8-12-2011. A review of medical records indicated the injured worker is being treated for complex regional pain syndrome, right lower extremity, left lower extremity, chronic pain, other, chronic pain syndrome, and suspected CRPS of the upper extremities. Medical records dated 7-23-2015 noted neck pain, low back pain, and lower extremity pain. Pain was rated a 5-6 out 10 on average with medications and a 9 out 10 without medications. Pain is reported as unchanged since her last visit. The patient reports ongoing activity of daily limitations in the following areas such as activity, ambulation, sleep, and sex. Treatment has included a spinal cord stimulator and reports 80% overall improvement. Treatment has also included anti-seizure medications, NSAIDS, Opioid pain, and sleep medication. Medications lasted 4 hours and reports 40% improvement in caring for pet, cooking, dressing, mood, and washing dishes. Physical examination noted hypersensitivity present in the bilateral upper extremities and allodynia present in the bilateral upper extremities. There was tenderness noted on palpation at the right foot and hypersensitivity in the bilateral lower extremities and allodynia in the bilateral lower extremities. Medications have included Baclofen, Eszopiclone, Flector patch, and Lidoderm patch since at least 4-10-2015. Utilization review form dated 9-11-2015 noncertified Eszopiclone 3mg, Flector patches, Lidoderm patches, and Baclofen 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopiclone 3mg qhs #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) Mental illness & Stress/Eszopiclone (Lunesta).

Decision rationale: The request is for the use of Lunesta to aid in insomnia. The official disability guidelines state the following regarding this topic: Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. 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 study, eszopiclone (Lunesta) had a Hazard ratio for death of 30.62 (C.I., 12.90 to 72.72), compared to zolpidem at 4.82 (4.06 to 5.74). In general, receiving hypnotic prescriptions was associated with greater than a threefold increased hazard of death even when prescribed less than 18 pills/year. (Kripke, 2012) The FDA has lowered the recommended starting dose of eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women. Previously recommended doses can cause impairment to driving skills, memory, and coordination as long as 11 hours after the drug is taken. Despite these long-lasting effects, patients were often unaware they were impaired. (FDA, 2014) In this case, continued use of this medication is not supported by the guidelines. This is secondary to the duration with long-term use being not advised. As such, the request is not medically necessary.

Flector 1.3 percent patch apply as direct every 12 hours #60: 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) Pain (Chronic)/Diclofenac, topical (Flector, Pennsaid, Voltaren Gel).

Decision rationale: The request is for the use of a topical NSAID patch. The official disability guidelines state the following regarding this topic: Not recommended as a first-line treatment, but recommended as an option for patients at risk of adverse effects from oral NSAIDs, after considering the increased risk profile with Diclofenac. See specific topical diclofenac listings: Flector patch (diclofenac epolamine); Pennsaid (diclofenac sodium topical solution); and Voltaren Gel (diclofenac). For more details, see also topical analgesics, Non-steroidal anti-inflammatory agents (NSAIDs), and the Diclofenac topical listing. In this case, the use of this

product is not indicated. This is secondary to inadequate documentation of failed first-line treatment as well as demonstration of the patient having an adverse reaction to oral NSAIDs. The records indicate that the patient was unable to tolerate oral NSAIDs but no specifics are offered. As such, the request is not medically necessary.

Lidoderm 5 percent patch apply 1 patch 12 hrs on/off #30: Upheld

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

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

Decision rationale: The request is for the use of a Lidoderm patch to aid in pain relief. The MTUS guidelines state that its use is indicated for post herpetic neuralgia after an initial trial of an anti-epileptic medication. Further research is needed to recommend use for chronic neuropathic disorders besides post-herpetic neuralgia. In this case, the patient does not have a diagnosis documented which would justify the use of Lidoderm patches. As such, the request is not medically necessary.

Baclofen 10mg 1 tab tid #90: Upheld

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

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

Decision rationale: The request is for the use of a muscle relaxant to aid in pain relief. The MTUS guidelines state that the use of a medication in this class is indicated as a second-line option for short-term treatment of acute exacerbations of low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, which can increase mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain improvement. Efficacy appears to diminish over time, and prolonged use may lead to dependence. (Homik, 2004) Due to inadequate documentation of a recent acute exacerbation and poor effectiveness for chronic long-term use, the request is not medically necessary.