

<b>Case Number:</b>	CM15-0201984		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	08/12/1996
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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: California  
 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 56 year old female, who sustained an industrial injury on 8-12-96. The injured worker was diagnosed as having lumbar degenerative disc disease, lumbar post-laminectomy syndrome, myofascial pain, and lumbosacral or thoracic neuritis or radiculitis. Treatment to date has included TENS, home exercise, and medication including Lidopro cream, Eszopiclone, Tramadol, and Naproxen. On 7-15-15 pain was rated as 10 of 10. The injured worker had been taking Eszopiclone and using Lidopro cream since at least March 2015. On 5- 11-15 the treating physician noted "Gabapentin and Lunesta have been helpful in maintaining sleep and for neuropathic pain." On 9-18-15, the injured worker complained of low back pain radiating to the lower extremity rated as 7 of 10. On 9-18-15 the treating physician requested authorization for Lidopro cream and Eszopiclone 2mg #30. On 9-24-15 the requests were non- certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Prescription for Lidopro cream: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical.

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

**Decision rationale:** Chronic symptoms and clinical findings remain unchanged with medication refilled. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremity with radiating symptoms. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidocaine is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidocaine along with functional benefit from treatment already rendered, medical necessity has not been established. Additionally, there are no evidenced-based studies to indicate efficacy of capsaicin 0.0325% formulation and that this increase over a 0.025% formulation would provide any further efficacy over oral delivery. There is no documentation of intolerance to oral medication as the patient is also on other oral analgesics. The 1 Prescription for Lidopro cream is not medically necessary and appropriate.

### **1 Prescription for Eszopiclone 2mg, #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) Mental Illness & Stress.

**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, pages 535-536.

**Decision rationale:** Hypnotics are not included among the multiple medications noted to be optional adjuvant medications, per the Official Disability Guidelines (ODG), Pain. Additionally, Lunesta is a non-benzodiazepine-like, Schedule IV controlled substance. Long-term use is not recommended as efficacy is unproven with a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic and anxiolytic. Chronic use is the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Submitted documents have not demonstrated any specific functional improvement including pain relief with decreased pharmacological profile, decreased medical utilization, increased ADLs and work function, or quantified hours of sleep as a result from treatment rendered for this chronic 1996 injury. The reports have not identified any specific clinical findings or confirmed diagnoses of sleep disorders nor is there any noted failed trial of behavioral interventions or proper sleep hygiene regimen to support its continued use. The 1 Prescription for Eszopiclone 2mg, #30 is not medically necessary and appropriate.