

Case Number:	CM15-0203903		
Date Assigned:	10/20/2015	Date of Injury:	07/26/2006
Decision Date:	12/03/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/16/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 60 year old, female who sustained a work related injury on 7-26-06. A review of the medical records shows she is being treated for neck, right shoulder and low back pain. In the Pain Medicine Re-Evaluations dated 7-16-15 and 9-10-15, the injured worker reports neck pain. She reports low back pain with radiation down both legs. She reports pain in her right shoulder. She reports moderate, occipital headaches. She reports insomnia. She rates her pain level a 6 out of 10 that increased to 8 out of 10 with medications in the latest notes. She reports her pain level has gone from an 8 out of 10 to a 10 out of 10 without medications in the latest notes. She states her pain has gotten worse since last visit. She reports limitations with activities of daily living. On physical exam dated 9-4-15, she has tenderness of cervical spine tenderness at C5-7. She has tenderness upon palpation at bilateral paravertebral C4-7 area. She has tenderness to palpation of right anterior shoulder. Treatments have included a cervical epidural steroid injection-good relief that lasted 2 months, physical therapy-helpful, acupuncture-helpful, trigger point injections and medications-helpful. Current medications include Lidoderm patches, Robaxin, Tylenol #3, Celexa and Lunesta. She has been taking-using Lidoderm patches and Lunesta (Eszopiclone) since at least March, 2015. There is insufficient documentation of the effectiveness of these medications on pain and sleep and any improvements these medications have on her pain level and sleep. She is not working. The treatment plan includes requests for refills of medications. In the Utilization Review dated 9-29-15, the requested treatments of Eszopiclone 2mg. #60 and Lidoderm 5% patch #30 are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch, #30 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, page 56 and 57, regarding 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Lidoderm has been designated for orphan status by the FDA for neuropathic pain. For non-neuropathic pain it is not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. In this case the exam note from 9/10/15 demonstrates neuropathic pain and there is evidence of a trial of first line medications such as an SSRI (Celexa). Therefore the request is medically necessary.

Eszopiclone 2mg, #60: 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) Pain (updated 9/8/15) Eszopiclone (Lunesta).

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 and stress.

Decision rationale: CA MTUS/ACOEM is silent on the issue of Lunesta. According to the ODG, Mental Illness and stress chapter, Lunesta is, "Recommended 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." In this case, the worker sustained an injury in 2006. There is a reported history of insomnia in the medical record. However, according to the guidelines hypnotic should be limited to three weeks within two months of the injury. Therefore the request is not medically necessary.

