

Case Number:	CM15-0204918		
Date Assigned:	10/21/2015	Date of Injury:	01/30/2004
Decision Date:	12/03/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/19/2015

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, Oregon, Washington
 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 53 year old female, who sustained an industrial injury on 1-30-2004. The injured worker is being treated for lumbar disc degeneration, lumbar facet arthropathy, status post fusion of the lumbar spine, chronic pain syndrome, history of paralytic ileus status post exploratory laparoscopy and chronic nausea. Treatment to date has included surgical intervention (T4-L2 fusion, 1980), diagnostics, medications, and TENS unit. Per the Primary Treating Physician's Progress Report dated 8-19-2015, the injured worker presented for pain medicine follow-up visit and reevaluation. She reported neck pain, low back pain, abdominal pain and bloating, and insomnia. She rated her pain as 5 out of 10 in intensity on average with medications since the last visit and 8 out of 10 in intensity on average since the last visit, described as "worsened" since the last visit. Objective findings included spasm and tenderness of the lumbar spine with moderately limited ranges of motion due to pain. Per the record dated 7-08-2015, she rated her pain as 6 out of 10 on average with medications since the last visit and 8 out of 10 in intensity on average since the last visit, which was described as "worsened" since the last visit. Per the record dated 5-13-2015, she rated her pain as 7 out of 10 on average with medications since the last visit and 9-10 out of 10 in intensity on average since the last visit, described as "worsened" since the last visit. The IW has been prescribed Lidoderm patches since at least 4-2015. Lidoderm patches were denied on 4-06-2015 per the medical record dated 5-13-2015. She was prescribed Lidoderm patches on 7-08-2015. Per the records dated 5-13-2015 to 8-19-2015 there is no documentation of improvement in symptoms or increase in activities of daily living or attributed to the current medications. The notes from the provider do not document

efficacy of the prescribed medications. She is not currently working. The plan of care included physical therapy and medications and authorization was requested on 10-08-2015 for Senokot #60, Lidocaine 5% ointment #90, Lunesta 3mg #30 and Mobic 15mg #30. On 10-15-2015, Utilization Review non-certified the request for Lidocaine 5% ointment #90 and Lunesta 3mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% ointment #90, 1 refill (prescribed 8/19/15): Upheld

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

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

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants 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." 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. In this case the exam note from 7/8/15 demonstrates there is no evidence of failure of first line medications such as gabapentin or Lyrica. Additionally this patient does not have a diagnosis of post-herpetic neuralgia or neuropathic pain. Therefore, the request is not medically necessary and non-certified. In this case, the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary.

Lunesta 3mg, #30, 1 refill (prescribed 8/19/15): 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 and stress chapter, Lunesta.

Decision rationale: CA MTUS/ACOEM is silent on the issue of Lunesta. According to the ODG, Mental Illness and stress chapter, Lunesta is, "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." In this case, there is lack of documentation from the exam note of 7/8/15 of insomnia to support Lunesta. Therefore, the request is not medically necessary and the determination is for non-certification.