MAXIMUS Federal Services

Case Number:	CM15-0205908		
Date Assigned:	10/22/2015	Date of Injury:	08/01/2007
Decision Date:	12/04/2015	UR Denial Date:	09/28/2015
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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 52 year old female with a date of injury of August 1, 2007. A review of the medical records indicates that the injured worker is undergoing treatment for postoperative complex regional pain syndrome of the right foot, lumbar spine intervertebral disc disease, right sacroiliitis, sleep disturbance, complex tearing of the right anterior-superior-lateral acetabular labrum, and right knee internal derangement. Medical records dated July 21, 2015 indicate that the injured worker complained of persistent function limiting right hip and pelvic pain, lower back pain radiating down the right leg, and right foot and ankle pain. A progress note dated September 1, 2015 documented complaints similar to those reported on July 21, 2015. Per the treating physician (September 1, 2015), the employee was unable to work due to pain. The physical exam dated July 21, 2015 reveals right sacroiliac joint sulcus tenderness, right groin tenderness, positive right hip impingement, positive right Patrick's test, right ankle tenderness, right hyperalgesia and allodynia over site of ganglion cyst excision, cool right foot, and limitation in ankle range of motion with weakness. The progress note dated September 1, 2015 documented a physical examination that showed no changes since the examination performed on July 21, 2015. Treatment has included medications (Mirapex since July of 2014; Lunesta since July of 2015; Lidocaine cream since at least May of 2015; history of Lidocaine patches), and sacroiliac joint rhizotomy. The utilization review (September 28, 2015) non-certified a request for Mirapex 1 gram #30, Lunesta (dosage and frequency not given) #30, and Lidocaine cream 5% (dosage, frequency and quantity not given).

IMR ISSUES, DECISIONS AND RATIONALES

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

Mirapex 1 gram #30: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mirapex prescribing information.

Decision rationale: The claimant sustained a work injury in August 2007 and underwent right ankle reconstructive surgery in August 2008. She continues to be treated for chronic pain including a diagnosis of right lower extremity CRPS. In May 2015, she had increasing pain. Topical lidocaine cream was requested. When seen in September 2015, there was a pending orthopedic evaluation. She was having radiating low back pain and right hip and pelvic pain. A repeat right sacroiliac joint rhizotomy had been requested and denied. Physical examination findings included right sacroiliac joint and groin tenderness. There was positive right hip impingement and Patrick's testing. There was ankle tenderness with findings consistent with her diagnosis of CRPS. Mirapex was being prescribed for restless legs syndrome. Lunesta and lidocaine cream 5% were also prescribed. Mirapex is a non-ergot dopamine agonist indicated for the treatment of Parkinson's disease and moderate-to-severe primary restless legs syndrome (RLS). In this case, this medication is being prescribed for RLS with positive response to the medications being prescribed. The continued prescribing of Mirapex was medically necessary.

Lunesta (dosage and frequency not given) #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) (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant sustained a work injury in August 2007 and underwent right ankle reconstructive surgery in August 2008. She continues to be treated for chronic pain including a diagnosis of right lower extremity CRPS. In May 2015, she had increasing pain. Topical lidocaine cream was requested. When seen in September 2015, there was a pending orthopedic evaluation. She was having radiating low back pain and right hip and pelvic pain. A repeat right sacroiliac joint rhizotomy had been requested and denied. Physical examination findings included right sacroiliac joint and groin tenderness. There was positive right hip impingement and Patrick's testing. There was ankle tenderness with findings consistent with her diagnosis of CRPS. Mirapex was being prescribed for restless legs syndrome. Lunesta and lidocaine cream 5% were also prescribed. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically.

Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. Conditions such as medication or stimulant side effects, depression, anxiety, restless legs syndrome, obstructive sleep apnea, pain and cardiac and pulmonary conditions, if present, should be identified and could be treated directly. The continued prescribing of Lunesta (eszopiclone) is not medically necessary.

Lidocaine cream 5% (dosage and frequency and quantity not given): Upheld

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): Introduction, Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: The claimant sustained a work injury in August 2007 and underwent right ankle reconstructive surgery in August 2008. She continues to be treated for chronic pain including a diagnosis of right lower extremity CRPS. In May 2015, she had increasing pain. Topical lidocaine cream was requested. When seen in September 2015, there was a pending orthopedic evaluation. She was having radiating low back pain and right hip and pelvic pain. A repeat right sacroiliac joint rhizotomy had been requested and denied. Physical examination findings included right sacroiliac joint and groin tenderness. There was positive right hip impingement and Patrick's testing. There was ankle tenderness with findings consistent with her diagnosis of CRPS. Mirapex was being prescribed for restless legs syndrome. Lunesta and lidocaine cream 5% were also prescribed. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. In this case, topical lidocaine is indicated. However, guidelines state that the medications and dosages should be tailored to the individual taking into consideration patient-specific variables such as comorbidities, other medications, and allergies. Since the dosing instructions and quantity being requested are not specified, the request cannot be accepted as being medically necessary.