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| Case Number: | CM15-0209445 | | |
| Date Assigned: | 10/28/2015 | Date of Injury: | 01/02/2014 |
| Decision Date: | 12/24/2015 | UR Denial Date: | 09/28/2015 |
| Priority: | Standard | Application Received: | 10/23/2015 |

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: New York

Certification(s)/Specialty: Anesthesiology

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 injured worker is a 49 year old male who reported an industrial injury on 1-2-2014. His diagnoses, and or impressions, were noted to include: low back pain; right > left sacroiliac joint dysfunction; chronic pain syndrome; muscle spasms; and non-industrial hypertension. No imaging studies were noted. His treatments were noted to include: acupuncture treatments; medication management; and modified work duties. The progress notes of 9-22-2015 reported: good results in functionality from the Lidopro patches; a temporary benefit from acupuncture treatments; improved sleep with Lunesta, sleeping 6 hours of sleep with 1 awakening; and that he had a QME on 9-30-2015. The objective findings noted ecchymosis on the forearms, from acupuncture. The physician's requests for treatment were noted to include the continuation of, and increase in Pamelor to 25 mg nightly, Flexeril. Lidopro patches, and Lunesta. These medications were noted prescribed-requested as far back as 5-2015 in the medical records provided. No Request for Authorization for: Cyclobenzaprine 7.5 mg, #90; Lunesta 1 mg, #30; Lidopro Patches #15; and Pamelor 25 mg, #30 with 2 refills was noted in the medical records provided. The Utilization Review of 9-28-2015 non-certified the request for: Cyclobenzaprine 7.5 mg, #90; Lunesta 1 mg, #30; Lidopro Patches #15; and modified the request for Pamelor 25 mg, #30 with 2 refills, to no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg Qty 90: Upheld

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

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

Decision rationale: According to the reviewed literature, Cyclobenzaprine (Flexeril) is closely related to the tricyclic antidepressants. It is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. Guidelines state that this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. There is no clinical indication presented for the chronic or indefinite use of this medication. Based on the currently available information, the medical necessity for this muscle relaxant has not been established. The requested treatment is not medically necessary.

Lunesta 1 mg Qty 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) Insomnia Treatment.

Decision rationale: Eszopicolone (Lunesta) is a prescription short-acting non-benzodiazepine sedative-hypnotic, which is recommended for short-term treatment of insomnia (two to six weeks). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. Lunesta is indicated for the treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. According to the ODG guidelines, non-Benzodiazepine sedative-hypnotics are considered first-line medications for insomnia. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which have potential for abuse and dependency. It appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. Lunesta has demonstrated reduced sleep latency and sleep maintenance. It is recommended for short-term use. Lunesta is a hypnotic and should not be used on a daily basis. Medical necessity for the requested medication has not been established. The requested item is not medically necessary.

Lidopro patch Qty 15: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. Lidopro cream contains Capsaicin, Lidocaine, Menthol, and Methyl Salicylate. The CA MTUS states that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) is FDA approved for neuropathic pain and used off-label for diabetic neuropathy. No other Lidocaine topical creams or lotions are indicated for neuropathic or non-neuropathic pain. Medical necessity for the requested medication has not been established. The requested topical analgesic compound is not medically necessary.

Pamelor 25 mg Qty 30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Tricyclic antidepressants (TCA's).

Decision rationale: Antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclic antidepressants (TCA's), such as Nortryptiline (Pamelor), are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. In addition, recent reviews recommended TCA's as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. Indications in controlled trials have shown effectiveness in treating central post-stroke pain, post-herpetic neuralgia, painful diabetic and non-diabetic polyneuropathy, and post-mastectomy pain. Tricyclics are contraindicated in patients with cardiac conduction disturbances and/or decompensation (they can produce heart block and arrhythmias) as well as for those patients with epilepsy. For patients > 40 years old, a screening EKG is recommended prior to initiation of therapy. In this case, the patient has chronic upper and low back pain, left shoulder and left knee pain, chronic neck pain and cervicogenic headaches. In this case, the patient has had prior use of Nortryptiline, and has had a recent increase in dosage. However, there is no documentation of objective functional improvement as a result of this increase in medication, which is now being requested with 2 refills. Medical necessity for the requested medication with 2 refills has not been established. The requested medication is not medically necessary.