

<b>Case Number:</b>	CM15-0021548		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	07/08/2011
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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: North Carolina, Georgia  
 Certification(s)/Specialty: Family Practice

### 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 34 year old female, who sustained an industrial injury on July 8, 2011 and September 17, 2013. She has reported left knee pain and low back and right hip pain as well as an adjustment disorder with depression. The diagnoses have included knee pain and pain in the lower leg. Treatment to date has included radiographic imaging, diagnostic studies, left knee arthroscopy, conservative therapies, psychological evaluation, pain medications and work duty modifications. Currently, the Injured Worker complains of continued left knee, low back and right hip pain. The injured worker reported an industrial injury in 2011 and 2013, resulting in the above chronic pain. She reported feeling a strange sensation in the left knee when assisting with pulling a patient up in bed with a draw sheet. It was noted radiographic imaging revealed abnormalities. She required surgical intervention of the left knee. Since then she reported another incident in 2013, resulting in right hip and low back pain. She has been treated conservatively and requires daily pain medications. Evaluation on December 19, 2013, revealed continued left knee pain. She completed physical therapy and was administered a steroid injection for pain. She reported using a TENS unit as well. Medications were renewed. On January 8, 2015, Utilization Review non-certified a request for Lidoderm 5% patch #30, Dilaudid 2mg #60 and Lunesta 3mg #20, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 4, 2015, the injured worker submitted an application for IMR for review of requested Lidoderm 5% patch #30, Dilaudid 2mg #60 and Lunesta 3mg #20.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patch 5% Qty:30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 56-57.

**Decision rationale:** The CA MTUS states that topical lidocaine preparations such as Lidoderm may be used as second line treatment for localized peripheral pain after a first line treatment, such as tricyclic antidepressant, SNRI or AED, has tried and failed. The medical records in this case do not describe any prior treatment with a first line treatment and therefore the use of Lidoderm is not medically necessary.

**Dilaudid 2mg Qty: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

**Decision rationale:** CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. Therefore, the record does not support medical necessity of ongoing opioid therapy with Dilaudid.

**Lunesta 3mg Qty: 20:** 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) TWC

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Insomnia Treatments

**Decision rationale:** The CA MTUS is silent on the use of Lunesta. ODG addresses insomnia treatments in the section on pain. ODG states that treatment should be based on the etiology of the insomnia. Pharmacologic agents should be used only after a careful investigation for cause of sleep disturbance. Primary insomnia should be treated with pharmacologic agents while

secondary insomnia may be treated with pharmacologic and/or psychological measures. It is important to address all four components of sleep - sleep onset, sleep maintenance, sleep quality and next day function. Lunesta is recognized as the only benzodiazepine based sleep aid, which is FDA, approved for use greater than 35 days. In this case, the medical records do not detail any history of the insomnia or other evaluation of sleep disturbances. Therefore, there is no documentation of the medical necessity of treatment with Lunesta and the UR denial is upheld.