

Case Number:	CM15-0033793		
Date Assigned:	02/27/2015	Date of Injury:	10/06/2003
Decision Date:	05/01/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/23/2015

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, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency Medicine

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 39 year old male, who sustained an industrial injury on 10/6/2003. He reports falling off a ladder. Diagnoses include right wrist fracture with carpo-metacarpal fusion on 6/29/2011 and left wrist ligament reconstruction. Treatments to date include surgery, physical therapy and medication management. A progress note from the treating provider dated 12/8/2014 indicates the injured worker reported chronic left wrist pain with bilateral hand pain and numbness. On 1/23/2015, Utilization Review non-certified the request for Lidoderm Lidocaine patch 5% #90 with 3 refills and Lunesta 2.0 mg with 3 refills, citing MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Lidocaine patch 5% #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

Decision rationale: Guidelines state that topical analgesics are largely experimental with few trials having studied efficacy. Topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, there was no evidence of failure of first line drugs. Thus the request for lidoderm lidocaine patches is not medically appropriate and necessary.

Lunesta 2.0mg with 3 refills: 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), Mental Illness & Stress, Eszopicolone (Lunesta).

Decision rationale: Guidelines state that Lunesta is not recommended for long term use, but recommended for short term use as they can be habit forming and may impair function and memory. In this case, there was no documentation regarding the patient's response to this medication and no indication that refills are necessary. Thus, the request for Lunesta 2.0 mg #21 3 refills is not medically necessary and appropriate.