

Case Number:	CM15-0036677		
Date Assigned:	03/05/2015	Date of Injury:	02/10/2000
Decision Date:	04/15/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/26/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of February 10, 2000. In a Utilization Review Report dated February 19, 2015, the claims administrator approved a request for a flurbiprofen containing cream while denying Lidoderm patches and Lunesta. The claims administrator referenced a progress note of February 2, 2015 in its determination. The applicant's attorney subsequently appealed. In a handwritten note dated February 2, 2015, the applicant was placed off of work, on total temporary disability, owing to allegations of total body pain, chronic fatigue syndrome, insomnia, knee pain, and hand pain. The applicant was reportedly wheelchair-bound. The applicant had reportedly developed rheumatoid arthritis, it was stated. Both Lidoderm and Lunesta were endorsed, along with medical transportation. The applicant was, once again, kept off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg #30 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) Pain Chapter, Insomnia Treatment.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration GuidelinesMental Illness & Stress Eszopicolone (Lunesta).

Decision rationale: No, the request for Lunesta, a sleep aid, was not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic of Lunesta, the MTUS Guideline in ACOEM Chapter 3, page 47 does stipulate that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it is being prescribed into his choice of recommendations. Here, the applicant has ongoing issues with sleep derangement and sleep disturbance, despite ongoing Lunesta usage. Ongoing usage of Lunesta, in short, has failed to attenuate the applicant's ongoing complaints of insomnia. ODG's Mental Illness and Stress Chapter further stipulates eszopiclone or Lunesta is not recommended for long-term use purposes and, rather, should be reserved for short-term use purposes. Here, the renewal request for Lunesta 3 mg #30 with three refills, in and of itself, represents chronic, long-term, and/or daily scheduled usage, usage which is incompatible with the ODG position on the same. Therefore, the request was not medically necessary.

Lidoderm 5% patches #180 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Mechanisms; Lidocaine Page(s): 3; 112.

Decision rationale: Similarly, the request for topical Lidoderm patches was likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicted in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, the applicant was described as having widespread bodily complaints associated with fibromyalgia and/or rheumatoid arthritis. The applicant had issues with hand pain, knee pain, and alleged rheumatoid arthropathy. The applicant did not, thus, appear to have neuropathic pain complaints, which, per page 3 of the MTUS Chronic Pain Medical Treatment Guidelines are characterized by numbing, tingling, and/or burning sensation, none of which were reported on or around the date of the request, February 2, 2015. The February 2, 2015 progress note, furthermore, failed to outline or make any mention of the applicant's having failed antidepressant adjuvant medications and/or anticonvulsant adjuvant medications. For all of the stated reasons, then, the request was not medically necessary.

