

Case Number:	CM15-0041796		
Date Assigned:	03/12/2015	Date of Injury:	08/14/2007
Decision Date:	04/23/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/05/2015

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: Florida

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 52-year-old female, who sustained an industrial injury on August 14, 2007. She reported injury of multiple body parts. The injured worker was diagnosed as having right shoulder strain, right elbow/forearm strain, chondromalacia patella, bilateral knees, bilateral ankle strains, and chronic low back pain. Treatment to date has included medications, x-ray, magnetic resonance imaging, cervical spine surgery. On February 3, 2014, a magnetic resonance imaging of the cervical spine shows c5-6 fusion. On July 21, 2014, she reports increased headaches and neck pain. She also reports bilateral shoulder, upper and lower back pain, and bilateral foot pain with numbness, and jaw pain. On February 4, 2015, she complains of bilateral knee pain, right elbow and right wrist pain, bilateral ankle pain. Her neck and back pain has been unchanged from the previous evaluation on May 8, 2014. The request is for Lunesta 2mg, and Lidoderm 5% patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Insomnia.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Lunesta.

Decision rationale: The California MTUS guidelines are silent regarding the issue of sleep aids. Therefore, the ODG was referenced. The ODG specifically states regarding Lunesta that this medication is not recommended for long-term use. This patient has been on this medication for longer than 6 months, and likewise, weaning has now been appropriately recommended. Therefore, this request for Lunesta is not medically necessary.

Lidoderm 5% patch #360: 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 : Lidoderm, page(s) 56-57 Page(s): MTUS: Lidoderm, page(s) 56-57.

Decision rationale: In accordance with California Chronic Pain MTUS guidelines, Lidoderm (topical Lidocaine) may be recommended for localized peripheral pain after there has been a trial of a first-line treatment. The MTUS guideline specifies "tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica" as first line treatments. The provided documentation does not show that this patient was tried on any of these recommended first line treatments. Topical Lidoderm is not considered a first line treatment and is currently only FDA approved for the treatment of post-herpetic neuralgia. Likewise, for the aforementioned reasons, the requested Lidoderm Patches are not medically necessary.