

<b>Case Number:</b>	CM15-0050526		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	06/12/2013
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: California  
 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 32 year old female, who sustained an industrial injury on June 12, 2013. She reported injuries to her hands, back, and ankle. The injured worker was diagnosed as having chronic pain syndrome, arthropathy of the ankle and foot, arthropathy of the lower leg, and depression. She is status post left ankle tendon surgery in February 2014. Treatment to date has included MRI, psychotherapy, physical therapy, aquatic therapy, urine drug screening, work modifications, and medications including oral and topical pain, sleep, and non-steroidal anti-inflammatory. On February 19, 2015, the injured worker complains of pain of the lower back, left knee, and left ankle with associated headache. She wants to change her pain medication as the current medication does not adequately control her pain. Her sleep quality is poor. She complains of depressive symptoms, getting easily upset, diminished ability to think, fatigued, and reduced energy. The physical exam revealed the injured worker appeared anxious and depressed, a left antalgic gait, restricted lumbar range of motion, tenderness of the paravertebral muscles bilaterally, tenderness of the spinous processes on lumbar 1 to lumbar 5, positive left sitting straight leg raise, and tenderness over the sacroiliac spine. The left knee had mild joint swelling and medial joint line tenderness. The left ankle was tender over the lateral malleolus. There was hyperesthesia over the dermatomes of left lumbar 5 and sacral 1. The treatment plan includes continuing her current oral and topical pain, sleep, and non-steroidal anti-inflammatory medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 1mg #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 Treatment of Insomnia by Michael Bonnet, MD, et al; in UpToDate.com.

**Decision rationale:** This injured worker's date of injury is 06/12/2013. The patient receives treatment for chronic foot and ankle pain. This patient receives treatment for both major depression and insomnia. Insomnia often accompanies major depression. Medical treatment guidelines warn that reliance on hypnotics do not result in impressive relief from insomnia and can produce side effects such as hallucinations. Hypnotics can lead to drug dependence and drug tolerance. In contrast, addressing sleep hygiene does lead to improvement in restorative sleep. Lunesta is medically approved for use in the treatment of insomnia for the short term. When treating patients for insomnia, it is important to look for other treatable causes, such as obstructive sleep apnea (OSA) and to document trials of sleep hygiene. There is no such documentation. Lunesta is not medically indicated.

**Lidopro ointment #1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**Decision rationale:** This injured worker's date of injury is 06/12/2013. The patient receives treatment for chronic foot and ankle pain. Lidopro ointment is a compounded analgesic cream. The active ingredients include: Lidocaine, capsaicin, menthol, and methyl salicylate. Lidopro is available OTC and marketed for the short-term management of musculoskeletal pain. Topical analgesics are considered experimental in use, because clinical trials have failed to show efficacy. In addition, if a compounded product contains at least one drug or drug class that is not recommended, then that compounded product cannot be recommended. Lidocaine is only FDA approved as a second line agent to treat certain forms of neuropathy, such as post-herpetic neuralgia. The FDA only recognizes Lidoderm brand patches for this indication. Menthol is not recommended to treat chronic pain in any topical preparation. Methylsalicylate is an NSAID. NSAIDs are not recommended to treat chronic pain in any topical preparation. Lidopro is not medically necessary for this patient.