

<b>Case Number:</b>	CM15-0053351		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	04/09/2013
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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

Certification(s)/Specialty: Internal 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 50-year-old female, who sustained an industrial injury on April 9, 2013. She reported an injury to her back. The injured worker was diagnosed as having scapular and multiple trunkal contusions. Treatment to date has included chiropractic therapy, work modifications, imaging of the spine, and medications. An evaluation of October 10, 2014 revealed the injured worker complained of low back pain and mild pain of the lower extremities. She rates her pain a 7 on a 10-point scale. On examination she exhibited decreased lumbar and cervical range of motion and had a negative straight leg raise test.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 1 mg, thirty count:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines : Insomnia.

**Decision rationale:** Eszopicolone (Lunesta) is a prescription short-acting non-benzodiazepine sedative-hypnotic, which is recommended for short-term treatment of insomnia (two to six weeks). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. According to the ODG guidelines, non-Benzodiazepine sedative-hypnotics are considered first-line medications for insomnia. The treatment of insomnia should be based on the etiology, and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Lunesta is indicated for the treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which have potential for abuse and dependency. In this case, Lunesta is a sedative-hypnotic and should not be used on a daily basis. Medical necessity for the requested medication has not been established. The requested Eszopicolone is not appropriate or medically necessary.

**Lidopro cream, 121 grams:** Upheld

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

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

**Decision rationale:** According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. In this case, the requested topical agent contains Capsaicin, Lidocaine, Menthol, and Methyl Salicylate. Lidocaine is recommended as a topical agent only in the form of the Lidoderm patch, per CA MTUS guidelines. Medical necessity for the requested topical medications is not established. The requested topical cream is not medically necessary.