

Case Number:	CM15-0062219		
Date Assigned:	04/08/2015	Date of Injury:	06/19/2014
Decision Date:	05/07/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/01/2015

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: 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 40 year old male who sustained an industrial lifting injury to his lower back on June 19, 2014. The injured worker was diagnosed with lumbosacral sprain. Treatment to date has included diagnostic testing, chiropractic therapy, transcutaneous electrical nerve stimulation (TEN's) unit, oral medications and topical analgesics. According to the primary treating physician's progress report on March 11, 2015, the injured worker continues to experience low back pain 7-8/10 on the pain scale and difficulty sleeping. Examination of the lumbar spine demonstrated tenderness to palpation and tenseness of the paraspinal muscles with decreased range of motion with forward flexion. The injured worker stopped Gabapentin as it was not helping. Current medication is topical LidoPro Patches. Treatment plan consists of continuing with conservative measures of transcutaneous electrical nerve stimulation (TEN's) unit, topical analgesics, home exercise program, thera cane, chiropractic therapy, schedule a neuromuscular diagnostic test, refill transcutaneous electrical nerve stimulation (TEN's) electrodes and Lunesta for sleep difficulties. The retrospective requests by the primary treating physician are for Eszopiclone 1 gram #30 (3/11/15) and LidoPro Patches #15 (3/11/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Lidopro patches #15 (3/11/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 111-113, Topical Analgesics.

Decision rationale: The requested Retrospective Lidopro patches #15 (3/11/15), is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants." The injured worker has low back pain 7-8/10 on the pain scale and difficulty sleeping. Examination of the lumbar spine demonstrated tenderness to palpation and tenseness of the paraspinal muscles with decreased range of motion with forward flexion. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Retrospective Lidopro patches #15 (3/11/15) is not medically necessary.

Retrospective Eszopiclone 1 gram # 30 (3/11/15): 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 and stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain, Eszopiclone (Lunesta), Insomnia treatment.

Decision rationale: The requested Retrospective Eszopiclone 1 gram #30 (3/11/15), is not medically necessary. CA MTUS is silent and ODG - Pain, Eszopiclone (Lunesta), Insomnia treatment, noted that it is not recommended for long-term use; and Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. The injured worker has low back pain 7-8/10 on the pain scale and difficulty sleeping. Examination of the lumbar spine demonstrated tenderness to palpation and tenseness of the paraspinal muscles with decreased range of motion with forward flexion. The treating physician has not documented details of current insomnia nor sleep hygiene modification attempts, nor rule out other causes of insomnia. The criteria noted above not having been met, Retrospective Eszopiclone 1 gram #30 (3/11/15) is not medically necessary.