MAXIMUS Federal Services

Case Number:	CM15-0080629		
Date Assigned:	05/01/2015	Date of Injury:	06/15/2003
Decision Date:	06/01/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/27/2015

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, Indiana, 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 72-year-old female, who sustained an industrial injury on 6/15/03. She reported right arm pain. The injured worker was diagnosed as having jaw pain, cervicalgia, chronic pain syndrome, other pain disorders related to psychological factors, myalgia and myositis, and long term use of medications. Treatment to date has included right shoulder surgery in February 2004, wrist surgery in 2004, physical therapy, acupuncture, and medications. Currently, the injured worker complains of back pain. The treating physician requested authorization for Lidoderm 5% topical film, Nucynta 50mg #100, Lunesta 3mg #30 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5 % topical film 5 % 1-3 patches to skin for 12 hrs: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm 5% topical film 5% 1-3 patches to skin every 12 hours. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidoderm is indicated for localized pain consistent with a neuropathic etiology after there has been evidence of a trial with first line therapy. The criteria for use of Lidoderm patches are enumerated in the official disability guidelines. The criteria include, but are not limited to, localized pain consistent with a neuropathic etiology; failure of first-line neuropathic medications; area for treatment should be designated as well as the planned number of patches and duration for use (number of hours per day); trial of patch treatments recommended for short term (no more than four weeks); it is generally recommended no other medication changes be made during the trial; if improvement cannot be demonstrated, the medication be discontinued, etc. In this case, the injured worker's working diagnoses are jaw pain; cervicalgia; chronic pain syndrome; other pain disorders related to psychological factors; myalgia and myositis unspecified; and long-term use of other medications. The documentation according to a March 9, 2015 progress states the injured worker has been using Lidoderm for 10 years. The documentation does not contain subjective or objective evidence of neuropathic symptoms or signs. There is no documentation of failed first-line treatment with antidepressants and anticonvulsants. There is no documentation of objective functional improvement with ongoing Lidoderm use. Consequently, absent clinical documentation with neuropathic symptoms and signs and evidence of objective functional improvement along with failed first-line treatment, Lidoderm 5% topical film 5% 1-3 patches to skin every 12 hours.

Nucynta 50mg tab 1 tab po q6hr om qty 100: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC), Online edition, Chapter: Mental Illness & Stress Chapter: Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates, Nucynta.

Decision rationale: Pursuant to the Official Disability Guidelines, Nucynta 50mg one tablet PO Q6H #100 is not medically necessary. Nucynta is recommended only as a second line therapy for patients who develop intolerable adverse effects with first line opiates. See the guidelines for additional details. In this case, the injured worker's working diagnoses are jaw pain; cervicalgia; chronic pain syndrome; other pain disorders related to psychological factors; myalgia and myositis unspecified; and long-term use of other medications. The documentation shows the

injured worker sustained significant relief with Subsys. Subsys was recently denied and the treating provider submitted a request Nucynta on March 9, 2015. Nucynta is recommended only as a second line therapy for patients who develop intolerable adverse effects with first line opiates. There is no documentation of failed first-line treatment with first-line opiates. Nucynta was improperly prescribed with an improper clinical indication. There is no documentation of intolerable adverse effects with any opiates documented in the medical record. Consequently, absent clinical documentation with evidence of intolerable adverse effects associated with first-line opiates, Nucynta 50mg one tablet PO Q6H #100 is not medically necessary.

Lunesta 3mg tab po qhs pm insomnia qty30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Online edition, Chapter: Mental Illness & Stress Chapter: Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Lunestra.

Decision rationale: Pursuant to the Official Disability Guidelines, Eszopicolone (Lunesta) 3 mg PO HS PRN insomnia with three refills with no refills is not medically necessary. Lunesta is not recommended for long-term use, but recommended for short-term use. The guidelines recommend limiting hypnotics to three weeks maximum in the first two months of injury only. Pain specialists rarely, if ever, recommend them for long-term use. They can be habit forming and may impair function and memory more than opiate pain relievers. See the guidelines for additional details. In this case, the injured worker's working diagnoses are jaw pain; cervicalgia; chronic pain syndrome; other pain disorders related to psychological factors; myalgia and myositis unspecified; and long-term use of other medications. The documentation shows the injured worker had a sleep disturbance secondary to pain. Lunesta was first prescribed as far back as February 7, 2014. Lunesta is not recommended for long-term use, but recommended for short-term use. The guidelines recommend limiting hypnotics to three weeks maximum in the first two months of injury only. The injured worker has been using Lunesta in excess of 15 months. This is in excess of the recommended guidelines. There are no compelling clinical facts in the medical record indicating long-term Lunesta is clinically indicated. Additionally, the treating provider requested an additional three refills. Consequently, absent compelling clinical documentation in excess of the recommended guidelines (not recommended for long-term use recommended for short-term use), Eszopicolone (Lunesta) 3 mg PO HS PRN insomnia with three refills with no refills is not medically necessary.