

Case Number:	CM15-0084504		
Date Assigned:	05/06/2015	Date of Injury:	01/04/2005
Decision Date:	06/18/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/02/2015

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 65 year old female patient who sustained an industrial injury on 01/04/2005. A secondary treating office visit dated 02/12/2014 reported the patient with subjective complaint of having constant low back pain of which she rated an 8-9 out of 10 in intensity. She states the pain radiates to the bilateral lower extremities with associated numbness and tingling. She reports no change in the pain since the last visit. She states the quality of her life is limited secondary to pain. Her current medications are: Senna, soma, Ambien, Lidoderm patch, Oxycodone and Kadian. She reports the side effects of constipation with her medications. Objective findings showed the patient with an antalgic and guarded gait. There is tenderness to palpation on the lumbar spine with restricted range of motion. A urine drug screen performed on 01/15/2014 showed additional non-prescribed medications of Bupropion, Hydromorphone and Venlafaxine within the sample. The following diagnoses are applied: severe facet arthropathy at L3-4, L4-5, bilaterally with facet syndrome; disc protrusion at L3-4, L4-5 with spinal stenosis and bilateral neuroforaminal stenosis; bilateral lower extremity radiculopathy; chronic pain syndrome; anxiety/depression secondary to industrial injury and pain; insomnia secondary to injury and pain; grade I anterolisthesis at L3-4; right hip strain/sprain; morbid obesity; vitamin D deficiency; status post medial branch radiofrequency neurotomies bilaterally on 01/21/2012; radiofrequency ablation at L2-3 and L4 bilaterally; anterior posterior fusion at L3-4, L4-5 on 02/15/2012; chronic low back pain; local lumbar spine neuropathic pain; chronic fatigue and nausea; gastroesophageal reflux disease; history of vomiting since the lumbar procedure, and left knee arthroscopy on 05/09/2013 with residual

pain. The plan of care noted the patient to follow up with internist regarding kidney function; continue with aquatic therapy, refilled medications Roxicodone, Kadian, Senna, Soma, Ambien, Zolpidem, Lidoderm % 5 patch. The patient is permanent and stationary and will return for follow up visit on 03/12/2014. The patient reported on the follow up dated 03/12/2014 that she was not participating in therapy at this time. She reports not being able to get medications, causing her pain and aggravation. There is no change in the treating diagnoses, medications, or subjective complaints. By 10/22/2014 the treating diagnoses were: low back injury with failed low back syndrome; anger/depression/anxiety secondary to above; multiple drug dependence secondary to above; increasing obesity; possible early renal side effects from multiple medications; low grade hematuria, and pre-diabetes. The plan of care noted the patient to have blood taken and follow up in 3-4 weeks. By 02/18/2015 the patient was with subjective complaint of constant back pain. She continues to use strong pain medication which causes constipation for which Senna has been working. There is no change in the treating diagnoses.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Lunesta 1mg #30 (DOS 2/11/15): 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), Eszopicolone (Lunesta).

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, Lunesta.

Decision rationale: Pursuant to the Official Disability Guidelines, retrospective Eszopicolone (Lunesta) 1mg #30 date of service February 11, 2015 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 severe facet arthropathy L3 - L4 and L4 - L5; disc protrusion L3 - L4 and L4 - L5; bilateral lower extremity radiculopathy; anxiety and depression; insomnia secondary to pain; grade 1 anterolisthesis L3 on L4; right hip sprain/strain; obesity; status post medial branch radiofrequency neurotomies L2, L3 and L4 2012; anterior posterior fusion L3 - L4 and L4 - L5; chronic low back pain; local lumbar spine neuropathic pain; chronic fatigue and nausea; left knee arthroscopy; status post spinal cord stimulator; failed back surgery syndrome. Documentation from a December 17, 2014 progress note shows the injured worker was taking Ambien that was not working. The duration of Ambien use was not documented in the record. The treating provider changed Ambien to Lunesta 1mg. In a progress note dated February 11, 2015 (2 months later) the injured worker was still using Lunesta 1 mg. Lunesta is recommended for short-term use. Lunesta is limited to three weeks maximum in the first two months of injury only. The date of injury was January 4, 2005. The treating provider exceeded the recommended guidelines for short-term use in prescribing

Lunesta for 8 weeks. Additionally, there was no discussion of sleep hygiene in the medical record. Consequently, absent compelling clinical documentation with objective functional improvement to support ongoing Lunesta, retrospective Eszopicolone (Lunesta) 1mg #30 date of service February 11, 2015 is not medically necessary.

Retrospective Kadian 30mg #60 (DOS 2/11/15): Upheld

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

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.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Kadian 30mg #60 date of service February 11, 2015 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are severe facet arthropathy L3 - L4 and L4 - L5; disc protrusion L3 - L4 and L4 - L5; bilateral lower extremity radiculopathy; anxiety and depression; insomnia secondary to pain; grade 1 anterolisthesis L3 on L4; right hip sprain/strain; obesity; status post medial branch radiofrequency neurotomies L2, L3 and L4 2012; anterior posterior fusion L3 - L4 and L4 - L5; chronic low back pain; local lumbar spine neuropathic pain; chronic fatigue and nausea; left knee arthroscopy; status post spinal cord stimulator; failed back surgery syndrome. Documentation according to a February 12, 2014 progress note shows the injured worker was prescribed Kadian at that time. A progress note dated February 11, 2015 (one year later) shows the injured worker is still using Kadian. Subjectively, the injured worker has low back pain 8-9/10 without medications. There is no VAS score with medication. Objectively, there is tenderness palpation of the lumbar spine with associated decreased range of motion. There is no documentation with evidence of objective functional improvement. There are no risk assessments for detailed pain assessments. There has been no attempt to wean Kadian. Consequently, absent compelling clinical documentation with evidence of objective functional improvement, risk assessments and detailed pain assessments, and an attempt to wean, retrospective Kadian 30mg #60 date of service February 11, 2015 is not medically necessary.

Retrospective Lidoderm patches 5% #30 (DOS 2/11/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

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, retrospective Lidoderm 5% #30 date of service February 11, 2015 is not medically necessary. 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 severe facet arthropathy L3 - L4 and L4 - L5; disc protrusion L3 - L4 and L4 - L5; bilateral lower extremity radiculopathy; anxiety and depression; insomnia secondary to pain; grade 1 anterolisthesis L3 on L4; right hip sprain/strain; obesity; status post medial branch radiofrequency neurotomies L2, L3 and L4 2012; anterior posterior fusion L3 - L4 and L4 - L5; chronic low back pain; local lumbar spine neuropathic pain; chronic fatigue and nausea; left knee arthroscopy; status post spinal cord stimulator; failed back surgery syndrome. Documentation from a February 12, 2014 progress note shows the injured worker was prescribed Lidoderm 5% patches. According to a February 11, 2015 progress note (one year later), the injured worker is still prescribed Lidoderm 5% patches. The injured worker has continued low back pain with radiation to the bilateral lower extremities with an 8-9/10 pain scale. There is no documentation in the medical record of failed first-line treatment with antidepressants and anticonvulsants. The Lidoderm patch instructions state to be applied 12 hours on and 12 hours off. There are no directions indicating the regional body part to apply the Lidoderm patch. There is no documentation demonstrating evidence of objective functional improvement. Consequently, absent clinical documentation with evidence of objective functional improvements to support ongoing Lidoderm patches, failed first-line treatment with antidepressants and anticonvulsants and instructions for use referencing an appropriate regional body part or application, retrospective Lidoderm 5% #30 date of service February 11, 2015 is not medically necessary.