

Case Number:	CM15-0241636		
Date Assigned:	12/18/2015	Date of Injury:	07/26/2006
Decision Date:	01/28/2016	UR Denial Date:	11/24/2015
Priority:	Standard	Application Received:	12/11/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 61 year old female with a dated of injury on 7-26-06. A review the medical records indicates that the injured worker is undergoing treatment for neck, lower back, bilateral should pain and headaches. Progress report dated 11-5-15 reports continued complaints of neck pain that radiates down the right upper extremity. Lower back pain is aggravated by activity. Upper extremity pain is bilaterally in the shoulders. She has moderate complaints of ongoing headaches and ongoing difficulty sleeping due to pain. The pain is rated 8 out of 10 on average with medications since last visit and 10 out of 10 without medications. She states the pain has worsened since the last visit. She reports treatments with acupuncture, pain medications and physical therapy are helpful. Physical exam: spinal vertebral tenderness noted in cervical spine C5-6, tenderness noted upon palpation at the bilateral para-vertebral C4-7 area, range of motion of cervical spine moderate to severely limited due to pain, significantly increased with flexion, extension and bilateral rotation, sensory exam intact in bilateral upper extremities and motor strength is decreased on the right. MRI cervical spine 5-19-10 showed mild disc disease at C3-4 with mild right neural foraminal stenosis, 2.4 mm disc bulge at C6-7 with bilateral neural foraminal stenosis and nerve root impingement. MRI right shoulder 4-13-11 large intrasubstance of the supraspinatus tendon and small subdeltoid effusion. According to the medical records the injured worker has been using the requested medications since at least 5-21-15. Request for authorization was made for Lidoderm 5 percent patch 12 hours on 12 hours off quantity 30 with 1 refill and Eszopiclone 2 mg QHS quantity 60. Utilization review dated 11-24-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5 percent patch 12 hours on 12 hours off #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The records indicate the patient has complaints of neck pain that radiates into the right upper extremity. Additional complaints include bilateral shoulder pain and low back pain aggravated by activity. Insomnia due to ongoing pain. The current request is for Lidoderm 5% patch 12 hours on 12 hours off, #30 with 1 refill. The attending physician report dated 11/5/15, page, indicates the Lidoderm patch is requested for localized peripheral pain after evidence of a trial of first-line therapy. The CA MTUS has this to say regarding topical analgesics: Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. In this case, the records do not indicate that in fact a trial of first-line therapy including anti-depressants or an AED such as gabapentin or Lyrica has been trialed and failed. Furthermore, the records are not specific as to which neuropathic pain the treatment is for. As such, the current request is not medically necessary.

Eszopiclone 2mg QHS #60: 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 & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental illness and Stress chapter, Eszopiclone.

Decision rationale: The records indicate the patient has complaints of neck pain that radiates into the right upper extremity. Additional complaints include bilateral shoulder pain and low back pain aggravated by activity. Insomnia due to ongoing pain. The current request is for Eszopiclone 2mg QHS #60. The attending physician report dated 11/5/15, page, states that Lunesta was requested to manage sleep disturbance. The CA MTUS is silent on Eszopiclone. The ODG has this to say regarding Eszopiclone (Lunesta). Not recommended for long-term use, but recommended for short-term use. Eszopiclone (lunesta) has demonstrated reduced sleep latency and sleep maintenance. Recommend limiting use of hypnotics to three weeks maximum

in the first two months of injury only, and discourage use in the chronic phase. In this case, the ODG specifically recommends limiting use of Eszopiclone to three weeks maximum in the first two months of injury only. As such, the request is not medically necessary.