

Case Number:	CM14-0003146		
Date Assigned:	01/31/2014	Date of Injury:	08/09/2006
Decision Date:	06/19/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/09/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is an employee of [REDACTED] and has submitted a claim for lumbar degenerative disc disease, post-laminectomy pain syndrome, and chronic left L5-S1 radiculitis and neuropathic pain associated with an industrial injury date of August 9, 2006. Treatment to date has included NSAIDs, opioids, anticonvulsants, muscle relaxants, topical anesgesics, narcotics, pilates, and surgery (8/9/6). Medical records from 2012 to 2013 were reviewed. Patient complained of chronic lower back pain described as burning and aching with radiation into the posterior aspect of the left lower back ,buttocks, and left leg. Pain was aggravated by sitting, bending, and lefting. Physical examination showed decreased ROM of the lumbar spine, tenderness over the lumbar paraspinal muscles, positive SLR on the left, and altered sensation in her left L5-S1 distribution, and mildly antalgic gait. Utilization review from December 19, 2013 denied the request for Lunesta 2MG, #30 for failure to document the nature of the patient's insomnia and the effect of this medication. The request for the compounded cream ketamine 10%/baclofen 2%/cyclobenzaprine 2%/diclofenac 3% /gabapentin 6%/tetracaine 2% was also denied because some of the components of this compounded cream is not recommended for topical use.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF LUNESTA 2MG, #30: 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), Pain Chapter, Insomnia.

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

Decision rationale: CA MTUS does not specifically address Eszopiclone (Lunesta). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that eszopiclone (Lunesta) is a non-benzodiazepine sedative-hypnotic that is used as a first-line medication for insomnia. It is a schedule IV controlled substance that has potential for abuse and dependency. In addition, guidelines state that pharmacologic agents should only be used for insomnia treatment after careful evaluation of potential causes of sleep disturbance. In this case, the patient has been using Lunesta since November 2012. However, there was no documentation of an evaluation of potential causes of sleep disturbance. The most recent progress notes reported problems with insomnia and sleepiness. There is no evidence regarding patient's sleep hygiene. There is likewise no discussion of the patient's response to this medication in the medical records reviewed. The long duration of use is also of concern. Therefore, the request for Lunesta 2MG, #30 is not medically necessary.

1 PRESCRIPTION OF COMPOUND CREAM: KETAMINE 10% / BACLOFEN 2% / CYCLOBENZAPRINE 2% / DICLOFENAC 3% / GABAPENTIN 6% / TETRACAINE 2%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS, Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Diclofenac Topical; FDA 2013 Lidocaine/Tetracaine.

Decision rationale: Page 111 of the CA MTUS Chronic Pain Medical Treatment Guidelines states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy and safety. These are primarily recommended for neuropathic pain when trials of antidepressant and anticonvulsants have failed. In addition, page 111 also states that any compounded products that contains at least one drug (or drug class) that is not recommended is not recommended. Pages 112-113 of the CA MTUS state that baclofen and other muscle relaxants, gabapentin and other antiepilepsy drugs, lidocaine, and capsaicin are not recommended for topical applications. Page 113 of the CA MTUS states that topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia. Page 112 of the CA MTUS states that topical diclofenac is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment. It has not been evaluated for treatment of the spine, hip, or shoulder. According to ODG, topical diclofenac is recommended as an option for patient at risk of adverse effects from oral NSAIDs. The FDA has approved

lidocaine/tetracaine cream for local analgesia, however, only for superficial aesthetic procedures. In this case, the patient has been using this medication since October 2013 along with oral NSAIDs , opioids, and lidocaine patches. There is likewise report of upset stomach due to gabapentin, amitriptyline, and topiramate. However, the guidelines clearly state that any compounded product that is not recommended is not recommended; both tetracaine and cyclobenzaprine are not recommended for topical use. The current request also lacks information regarding duration and frequency of treatment using this medication. Therefore, the request for compound cream: ketamine 10%/baclofen 2%/cyclobenzaprine 2%/diclofenac 3%/gabapentin 6%/tetracaine 2% is not medically necessary.