

<b>Case Number:</b>	CM14-0165840		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	07/01/2011
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 a 50-year-old male with a date of injury of 07/01/2011. The listed diagnoses per [REDACTED] are: 1. Diabetes, type 2. 2. Chronic low back pain. 3. Chronic left leg radicular symptoms. 4. Chronic left wrist ganglion cyst. 5. Chronic headaches. 6. Dyspepsia. 7. Exacerbation of patient's diabetes due to the steroid injection. 8. Sexual dysfunction. 9. Insomnia, secondary to pain. 10. Chronic intractable low back pain. According to progress report 08/07/2014, the patient presents with low back pain and right leg pain. He uses a cane in his left hand and has developed a left wrist ganglion cyst. The treater states the left wrist ganglion has been denied by insurance carrier. Examination revealed olive-sized ganglion cyst on the left wrist. Examination of the low back revealed tenderness and spasm present. There is left sacroiliac and trochanteric tenderness noted. This patient has undergone a facet injection on 01/27/2014, lumbar epidural steroid injection on 10/02/2013, and MRI of the lumbar spine on 07/17/2011. This is a request for Lidoderm patches #90 with 3 refills, one sleep study and Lunesta 20 mg #30 with 3 refills. Utilization review denied the request on 09/09/2014. Treatment reports from 08/26/2013 through 08/07/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Lidoderm patches #90 with 3 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 112, 56, 57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Lidoderm® (lidocaine patch)

**Decision rationale:** This patient presents with chronic low back pain. The treater is requesting Lidoderm patches #90 with 3 refills. MTUS guidelines page 57 states, "topical lidocaine may be 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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, the patient does not present with "localized peripheral pain." The request for Lidoderm patches #90 with 3 refills is not medically necessary.

**1 sleep study:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 regarding polysomnogram

**Decision rationale:** This patient presents with chronic low back pain and has complaints of sleep issues. The treater is requesting a sleep study as recommended by the psychologist, [REDACTED]. Report from 05/05/2014 by [REDACTED] states that the patient has sleep disturbances, and suggests that the patient's sleep issues be "defer to a specialist and recommend a sleep study if the interested parties would like an accurate rating of his sleep impairment." The MTUS and ACOEM Guidelines do not address sleep studies. However, ODG Guidelines has the following under its Pain Chapter regarding polysomnogram, "recommended after at least 6 months of insomnia complaints, at least 4 nights a week, unresponsive to behavior, intervention, and sedative sleep-promoting medication, and after psychiatric etiology has been excluded." In this case, although progress reports indicate that the patient suffers from insomnia, the treater does not discuss behavioral interventions, medication trial, and psychiatric etiology. The treater also does not describe morning type headaches due to insomnia, personality changes, or daytime insomnia. The requested sleep study is not medically necessary.

**1 prescription of Lunesta 20mg #30 with 3 refills:** 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 60, 61. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lunesta under insomnia, pain chapter

**Decision rationale:** This patient presents with chronic low back pain and has complaints of sleep issues. The treater is requesting Lunesta 20mg #30 with 3 refills. The MTUS and ODG guidelines do not discuss Lunette. However, ODG guidelines have the following regarding Lunesta under insomnia, pain chapter: "Eszopiclone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. The only benzodiazepine receptor agonist FDA approved for use longer than 35 days. A randomized double-blind controlled clinical trial with 830 primary insomnia patients reported significant improvement in the treatment group when compared to the control group for sleep latency, wake after sleep onset, and total sleep time over a six-month period." Review of the medical file indicates the patient has been prescribed Lunesta since at least 01/03/2014. In this case, the patient has been utilizing Lunesta for over 7 months and continues to have sleep issues. It appears the medication is not working for this patient as the treater is requesting a sleep study for the patient's continued sleep disturbance. MTUS guidelines page 60 require documentation of medication efficacy when used for chronic pain. The request is not medically necessary.