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| Case Number: | CM14-0168201 | | |
| Date Assigned: | 10/15/2014 | Date of Injury: | 01/24/2000 |
| Decision Date: | 11/18/2014 | UR Denial Date: | 09/08/2014 |
| Priority: | Standard | Application Received: | 10/13/2014 |

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 Pain Management 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:

This is a male patient with a date of injury of January 24, 2000. A utilization review determination dated September 8, 2014 recommends noncertification of Lidocaine 5% patch #30 and Lunesta 3 mg #30. A progress note dated August 25, 2014 identifies subjective complaints of neck pain, low back pain, anxiety, and depression. The patient reports that his low back pain radiates into his left lower extremity, he has numbness and tingling in the left leg, he complains of neck pain with radiation to the right shoulder and arm, and he reports numbness in the middle three fingers. Patient states that he continues to use gabapentin to help reduce the numbness and tingling in his left leg and the numbness in his right arm. The patient states he received something for sleep but it was not Lunesta, he is not sure what it was, and he states that it helped a little with his sleep but he has to use 1.5 tablets instead of just 1. Physical examination identifies a normal gait, sensation is intact to light touch and pinprick in bilateral lower extremities, straight leg raise is negative, and spasm and guarding is noted in the lumbar spine. The diagnoses include post laminectomy lumbar syndrome, sciatica, sprains and strains of neck, neck pain, unspecified major depression recurrent episode, panic attack, and psychogenic pain. The treatment plan recommends prescriptions for the following hydrocodone-APAP 10-325 mg #120, Lexapro 10 mg #30, Lidocaine 5% patch #30, Lunesta 3 mg #30, and Gabapentin 600 mg #120. The treatment also recommends a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Lidocaine 5% patch (700mg/patch), #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, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: Regarding request for topical Lidocaine 5% patch #30, Chronic Pain Medical Treatment Guidelines recommend the use of topical Lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Additionally, there is no documentation of analgesic effect or objective functional improvement as a result of the currently prescribed Lidocaine patch. Finally, there is no documentation of localized peripheral pain as recommended by guidelines. As such, the currently requested Lidocaine 5% patch #30 is not medically necessary.

1 prescription of Lunesta 3mg, #30 between 8/25/2014 and 11/03/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) Chronic Pain, Sleep Medication, Insomnia treatment

Decision rationale: Regarding the request for Lunesta 3mg #30, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there are no subjective complaints of insomnia, no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, and no statement indicating what behavioral treatments have been attempted for the condition of insomnia. Finally, there is no indication that Lunesta is being used for short-term use as recommended by guidelines. In the absence of such documentation, the currently requested Lunesta 3mg #30 is not medically necessary.