

Case Number:	CM14-0146304		
Date Assigned:	09/12/2014	Date of Injury:	03/02/2006
Decision Date:	05/28/2015	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/09/2014

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. 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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 67 year old male, who sustained an industrial injury on March 2, 2006. The injured worker was diagnosed as having thoracic or lumbosacral neuritis or radiculitis, chronic pain due to trauma, muscle spasm, postlaminectomy syndrome of the lumbar region, degeneration of lumbar or lumbosacral intervertebral disc, lumbosacral spondylosis without myelopathy, anxiety state, history of lumbar microdiscectomy, history of lumbar fusion, nausea and vomiting, scoliosis, and hypertensive disorder. Treatment to date has included lumbar spine fusion in 2012, physical therapy, MRI, CT, x-ray, water therapy, gym exercise program, and medication. Currently, the injured worker complains of lumbar pain radiating to the right leg, with right greater than left numbness and tingling, with pain top of the neck down the back, and difficulty with sleep. The Treating Physician's report dated July 30, 2014, noted the injured worker reported his pain had escalated since the fusion surgery. The injured worker was noted to use Duragesic, Nucynta, Ondansetron, Omeprazole, Buspar, Lyrica, Limbrel, and Zanaflex, noting he had improvement in his level of functioning with medication management. Physical examination was noted to show the lumbar spine with increased kyphosis, and tenderness to palpation over the right thoracolumbar spasm, left thoracolumbar spasm, right lumbosacral region, left lumbosacral region, with increased thoracic kyphosis. The left knee was noted to have swelling. The treatment plan was noted to include continuation of the current prescribed medications, refills of medications including Nucynta, Duragesic patch, Lyrica, Buspar, Tizanidine, and Topical Cream, ice/moist heat for pain control, continue with exercise program, and follow-up with internist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Cream (Flurbiprofen 20%, Lidocaine 5%, Menthol 5%, Camphor 5%, apply as needed 30gm provided, 100gm) x1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-112.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2006. Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. There is no documentation of efficacy with regards to pain and functional status or a discussion of side effects specifically related to the topical analgesic. Regarding Topical Cream (Flurbiprofen 20%, Lidocaine 5%, Menthol 5%, Camphor 5% in this injured worker, the records do not provide clinical evidence to support medical necessity and is not medically necessary.

Lunesta 3mg #30 with 1 refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate: drug information: lunesta and treatment of insomnia.

Decision rationale: Lunesta is used in the treatment of insomnia (with difficulty of sleep onset and/or sleep maintenance) and has the longest half-life of the approved non-benzodiazepines, approximately five to seven hours. Reported side effects include somnolence, headache, dizziness, and unpleasant dreams. Patients with insomnia should receive therapy for any medical or psychiatric illness, substance abuse, or sleep disorder that may cause the problem and be counseled regarding sleep hygiene. After this, cognitive behavioral therapy can be trialed prior to medications. In this injured worker, the sleep pattern, hygiene or level of insomnia is not addressed. There is also no documentation of a discussion of efficacy or side effects. The documentation does not support the medical necessity for lunesta and therefore is not medically necessary.

