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| Case Number: | CM14-0186331 | | |
| Date Assigned: | 11/14/2014 | Date of Injury: | 04/15/2003 |
| Decision Date: | 01/02/2015 | UR Denial Date: | 10/08/2014 |
| Priority: | Standard | Application Received: | 11/10/2014 |

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 injured worker is a 63 year old female who had a work injury dated 4/15/03. The injury occurred when she moved a client from a bed to a gurney and then from the gurney to a bed. The diagnoses include chronic lumbar strain with bilateral radiculitis; insomnia secondary to pain. Under consideration are requests for Lidoderm Patch and Lunesta. The injured worker states in a progress note dated 02/07/14 that with current pain medication, her pain level is 3-4/10; without pain medication it would be 7-8/10. Her medication lasts 30 days or as prescribed, she does not receive any opioids from other physicians. There are no adverse side effects due to medication. The injured worker has functional gains in the form of being able to do regular and customary work as well as remain independent with activities of daily living. Her medication included Norco, Lidoderm patch, Lunesta. On exam the injured worker's gait is slow and careful. Her right ankle reflex is 0/4. Her sensation to light touch is normal over the lower extremities; no focal deficit is noted. There is slight to moderate tenderness of the bilateral paralumbar muscles and slight to moderate spasm, more on the right than the left. SLR Test is positive on the right at 70. It is negative on the left. There is reduced lumbar range of motion. The injured worker's mood and affect are slightly depressed. The treatment plan includes a refill for Lidoderm and Lunesta which are under consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5% #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56.

Decision rationale: Lidoderm Patch 5% #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that 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)." This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The documentation does not indicate failure of first line therapy for peripheral pain. The documentation does not indicate a diagnosis of post herpetic neuralgia. For these reasons the request for Lidoderm Patch 5% is not medically necessary.

Lunesta 3mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter, Insomnia Treatment

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

Decision rationale: Lunesta 3mg #30 is not medically necessary per the ODG Guidelines. The MTUS does not address Lunesta. The ODG states that Lunesta is not "recommended for long-term use, but recommended for short-term use." The guidelines recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. While sleeping pills are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The documentation indicates that the patient has been on Lunesta much longer than the recommended period. There are no extenuating reasons in the documentation submitted to go against guideline recommendations. Additionally, the Aug. 26, 2014 progress note states that the patient's mood is depressed and the ODG states that Lunesta long term "may increase depression." The request for Lunesta is not medically necessary.