

Case Number:	CM14-0219042		
Date Assigned:	01/09/2015	Date of Injury:	08/12/2011
Decision Date:	03/05/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/31/2014

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: Pennsylvania
 Certification(s)/Specialty: Internal 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 40 year old female who sustained an industrial injury on August 12, 2011, during the usual course of work duties. She has reported right ankle pain, and subsequently developed lower back and neck pain. The diagnoses have included reflex sympathetic dystrophy of the bilateral lower extremities and chronic pain. Diagnostic studies have included computed tomography scan, magnetic resonance imaging scan. Treatment to date has included physical therapy, chiropractic, acupuncture, medications, lumbar epidural steroid injection, a transcutaneous electrical nerve stimulation (TENS) unit, and a spinal cord stimulator trial. Currently, the injured worker complains of neck pain radiating to the bilateral upper extremities with associated numbness and tingling, and lower back pain radiating to the bilateral lower extremities with associated numbness and tingling. The injured worker reported moderate difficulty in sleep. Medications were reported to decrease intensity of pain from 10/10 to 5/10. Work status was documented as off work. The treating physician noted the injured worker had a slow gait and tender right foot, as well as allodynia in the bilateral upper and lower extremities. Medications include baclofen eszopiclone, flector patch, gabapentin, Lidoderm patch, Mobic, and tramadol. Documentation in the submitted records indicates that Lidoderm patches, lunesta, Mobic, and baclofen have been in use from January 2014 through November 2014. The treating physician is requesting Lidoderm patches, Lunesta, Mobic and Baclofen for treatment of the injured worker. On December 5, 2014 Utilization Review non-certified the request for these medications, noting the lack of documentation to support the medical necessity. The MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Section Page(s): 56.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): p. 111-113.

Decision rationale: The injured worker has diagnoses of reflex sympathetic dystrophy and chronic pain. Topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy with tricyclic or serotonin/norepinephrine reuptake inhibitor antidepressants or an antiepileptic drug such as Gabapentin or Lyrica. Topical Lidocaine in dermal patch form (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain, and further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The injured worker does not have a diagnosis of post-herpetic neuralgia. She has been treated with gabapentin, but there was no documentation of failure of treatment with this medication. Pain was documented to have decreased with medication, but there was no documentation of functional improvement as defined by MTUS as a result of use of Lidoderm patches. The injured worker remains off work. Due to the lack of documentation of failure of antidepressant or antiepileptic medication, the lack of functional improvement from treatment with Lidoderm to date, and the absence of a diagnosis of post-herpetic neuralgia, the request for Lidoderm 5% patch thirty count is not medically necessary.

Eszopiclone (Lunesta) 3 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain) Section Page(s): 63.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation chronic pain: insomnia treatment mental illness and stress: eszopiclone

Decision rationale: The MTUS does not address the use of hypnotics other than benzodiazepines. No physician reports describe the specific criteria for a sleep disorder. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. The documentation notes that the injured worker had moderate difficulty in sleep. There was no documentation of evaluation of sleep disturbance in the injured worker, and components of insomnia were not addressed. Per the ODG, eszopiclone is not recommended for long term use. The injured worker

has been treated with this medication for at least 10 months; ODG recommends limiting use of hypnotics to three weeks maximum in the first two months of injury only. Per ODG, eszopiclone can be habit forming, may impair function and memory, may increase pain and depression, and has an increased hazard ratio for death. For these reasons, the request for eszopiclone (lunesta) 3 mg, thirty count is not medically necessary.

Mobic 7.5 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Section Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs p. 67-73.

Decision rationale: The injured worker had diagnoses of reflex sympathetic dystrophy and chronic pain. Per the MTUS, nonsteroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. NSAIDs were noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. The injured worker has been treated with Mobic for at least 10 months. Although there was documentation of decrease in pain from 10/10 to 5/10 in severity with medications, specific results of any single medication were not documented. There was no documentation of functional improvement as a result of medication treatment, and the injured worker remains off work. Due to the lack of functional improvement, treatment duration longer than specified in the guidelines and potential for adverse effects, the request for Mobic 7.5 mg is not medically necessary.

Baclofen 10 mg, ninety count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): p. 63-66.

Decision rationale: The injured worker has diagnoses of reflex sympathetic dystrophy and chronic pain. The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred consistently for 10 months at minimum. The quantity prescribed implies long term use, not for a short period of use for acute pain. Baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injury. The injured worker does not have diagnoses of multiple sclerosis or spinal cord injury. Although there was documentation of decrease in pain from 10/10 to 5/10 in severity with medications,

specific results of any single medication were not documented. No reports show any specific and significant improvement in function as a result of prescribing baclofen. The injured worker remains off work. For these reasons, the request for baclofen 10 mg ninety count is not medically necessary.