

Case Number:	CM15-0010613		
Date Assigned:	01/28/2015	Date of Injury:	08/12/1996
Decision Date:	03/24/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/20/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old female, who sustained an industrial injury on 8/12/1996. On 1/20/15, the injured worker submitted an application for IMR for review of Lidoderm 5% patch, and Retrospective Eszopicolone (Lunesta) 1mg #30 (date of service: 12/12/2014) and Tramadol 50mg #90. The treating provider has reported the injured worker complained of constant low back pain with radiation to bilateral lower extremity. The diagnoses have included Lumbago, lumbosacral or thoracic neuritis, lumbar degenerative disc disease, postlaminectomy syndrome of lumbar, myofascial pain. Treatment to date has included medications, home exercise program, TENS unit, aquatic therapy. On 11/29/14 Utilization Review non-certified Lidoderm 5% patch, and Retrospective Eszopicolone (Lunesta) 1mg #30 (date of service: 12/12/2014) and Tramadol 50mg #90. The MTUS and ODG Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Eszopicolone (Lunesta) 1mg #30 (date of service: 12/12/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60. Decision based on Non-MTUS Citation Mental Illness and Stress chapter on eszopiclone Pain chapter, Insomnia treatment

Decision rationale: This patient presents with low back pain radiating to the lower extremities. The treater is requesting RETROSPECTIVE ESZOPICLONE (LUNESTA) 1 MG #30, DATE OF SERVICE 12/12/2014. The RFA dated 12/12/2014 shows a request for eszopiclone 1 mg #30, naproxen 550 mg #60, gabapentin 100 mg #60, omeprazole 20 mg #60, tramadol 50 mg #90, and Lidoderm 5% patch. The patient's date of injury is from 08/12/1996, and her current work status is permanent and stationary. The MTUS and ACOEM Guidelines are silent with regard to this request. However, the ODG Guidelines on eszopiclone -Lunesta-states, "Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase." In addition, MTUS page 60 on medications for chronic pain states that a record of pain and function with medication should be recorded. The records show that the patient was prescribed Lunesta on 10/01/2014. The 01/16/2015 report notes, "Gabapentin and Lunesta have been helpful in maintaining sleep and for neuropathic pain." In this case, while the patient reports benefit while utilizing Lunesta, the ODG Guidelines do not recommend the long term use of this medication. The request IS NOT medically necessary.

Tramadol 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89.

Decision rationale: This patient presents with low back pain radiating to the lower extremity. The treater is requesting TRAMADOL 50 MG #90. The RFA dated 12/12/2014 shows a request for tramadol 50 mg #90. The patient's date of injury is from 08/12/1996, and her current work status is permanent and stationary. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was prescribed tramadol on 10/01/2014. The 12/12/2014 report notes, "Tramadol 37.5/325 does not relieve the pain significantly. We will change it to tramadol t.i.d." The 01/16/2015 report shows that the patient is using tramadol/APAP and no side effects were noted. None of the reports provide before and after pain scales to show analgesia. There are no discussions regarding specific ADLs, and no aberrant drug seeking behavior such as a urine drug screen and CURES report were noted. Given the lack of sufficient documentation demonstrating

efficacy for chronic opiate use, the patient should now be slowly weaned as outlined in the MTUS Guidelines. The request IS NOT medically necessary.

Lidoderm 5% patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocaine; topical analgesic Page(s): 111-113, 56-57. Decision based on Non-MTUS Citation Pain chapter, Lidoderm patches

Decision rationale: This patient presents with low back pain radiating to the lower extremity. The treater is requesting LIDODERM 5% PATCH. The RFA dated 12/12/2014 shows a request for Lidoderm 5% patch. The patient's date of injury is from 08/12/1996, and her current work status is permanent and stationary. The 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. The records show that the patient was prescribed Lidoderm patches on 10/01/2014. None of the reports document medication efficacy as it relates to the use of Lidoderm patches. In this case, it appears that the treater is prescribing this medication for the patient's low back pain. This patient does not present with localized peripheral neuropathic pain which is a criteria required for Lidoderm patches use. The request IS NOT medically necessary.