

Case Number:	CM15-0112098		
Date Assigned:	06/18/2015	Date of Injury:	08/28/2000
Decision Date:	07/20/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/09/2015

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: Family Practice

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 50 year old male patient who sustained an industrial injury on 08/28/2000. A recent follow up visit dated 05/21/2015 reported the patient with subjective current complaint of neck and upper extremity pain. He also complains of weakness, numbness and tingling of bilateral arms. He has significant headaches which are accompanied by phonophobia and photophobia as well and nausea and vomiting. He even has complaint of pain radiating into the shoulder and upper thoracic region. Previous treatment involved the patient undergoing a anterior cervical discectomy and fusion at C5-6 and C6-7. He states that physical therapy session have caused the flare up in pain. He had received minimal benefit from chiropractic treatment and acupuncture continues with failing benefit. Current medication regimen consisted of: Fentanyl, Oxycodone, Lexapro, Gabapentin, Laxacin, Lunesta, Dendracin, Diclofenac and Soma. The following diagnoses are applied: cervicalgia with severe headaches; status post anterior cervical discectomy and fusion with persistent cervical spondylosis at C4-5; thoracic sprain/strain; status post left carpal tunnel release and persistent bilateral carpal tunnel syndrome; history of anxiety and depression of industrial causation; Diabetes and borderline hypertension and exertional chest pains. The patient has reached medical maximal improvement on 07/24/2007.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Lunesta 3mg #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 (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain/Chronic Section: Insomnia Treatment.

Decision rationale: The Official Disability Guidelines comment on the use of medications, including Lunesta, for the treatment of insomnia. These guidelines recommend that treatment be based on the etiology, with the medications recommended below. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Pharmacologic Treatment: There are four main categories of pharmacologic treatment: (1) Benzodiazepines; (2) Non-benzodiazepines (includes Lunesta); (3) Melatonin & melatonin receptor agonists; & (4) Over-the-counter medications. The majority of studies have only evaluated short-term treatment (i.e. 4 weeks) of insomnia; therefore more studies are necessary to evaluate the efficacy and safety of treatments for long-term treatment of insomnia. In 2007, the FDA requested that manufacturers of all sedative-hypnotic drugs strengthen product labeling regarding risks (i.e., severe allergic reactions and complex sleep-related behaviors, such as sleep driving). In this case, the records do not provide sufficient evidence that there has been an evaluation for the cause of this patient's sleep disturbance. Further, the records indicate that Lunesta has been used as a long-term treatment strategy for this patient. Given the lack of an assessment of the cause of this patient's sleep disturbance and long-term use of a pharmacologic agent, there is insufficient support for the ongoing use of Lunesta. The request for Lunesta is considered not medically necessary.

1 prescription of Dendracin lotion #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS/Chronic Pain Medical Treatment guidelines comment on the use of topical analgesics including the components of Dendracin Lotion. Dendracin lotion is composed of the following ingredients: Methyl Salicylate, Capsaicin and Menthol. Topical analgesics are considered as largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Regarding the component, Capsaicin, the MTUS guidelines state the following: Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-

specific back pain, but it should be considered experimental in very high doses. Although topical Capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. In this case, the records suggest that this topical analgesic is being used for the treatment of neuropathic pain. As noted in the above cited MTUS guidelines, topical analgesics are only indicated when a trial of first line agents has failed. There is insufficient documentation in the medical records to indicate that the patient has received an adequate trial of first line agents for neuropathic pain. Further, the component Capsaicin is only recommended as an option in patients who have not responded to or are intolerant to other treatments. There is insufficient documentation in support of the use of Capsaicin in this patient. For these reasons, Dendracin lotion is not considered as a medically necessary treatment.