

Case Number:	CM15-0126992		
Date Assigned:	07/13/2015	Date of Injury:	11/04/2008
Decision Date:	08/14/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/01/2015

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, Hawaii
 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 28-year-old female who sustained an industrial injury on 11/4/2008 resulting in thoracic and low back pain. She was diagnosed with thoracic pain, myalgia, myositis, lumbar radiculopathy, and persistent insomnia secondary to pain. Treatment has included physical therapy and an epidural steroid injection which both resulted in her reporting discomfort and no benefit; medication which she reports as being helpful with reducing pain levels; and, home exercise. The injured worker continues to report thoracic and low back pain. The treating physician's plan of care includes Lidoderm 5% patch, Lunesta 2 mg, and Oxydone 10 mg. Current work status is not provided in documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch, sixty count with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 - 113.

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

Decision rationale: The records indicate the patient has chronic pain in the thoracic spine with associated myalgia and myositis. The records also indicate the patient has complaints of insomnia secondary to pain. The current request is for Lidoderm 5% patch, sixty count with 1 refill. The attending physician requests a refill of Lidoderm patch, but offers no discussion as to why a topical analgesic is necessary in this case. The CA MTUS has this to say regarding topical analgesics and specifically those which use Lidocaine. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. Lidocaine Indication: Neuropathic pain 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. For non-neuropathic pain, Lidoderm is not recommended. In this case, there is no discussion of neuropathic pain in the records as the diagnosis is thoracic pain, with myalgia and myositis. Additionally, there is no discussion of failure with first-line therapies such as Gabapentin or Lyrica. As such, the available medical records do not establish medical necessity for the request of Lidoderm 5% patch.

Lunesta 2 mg, thirty count with one refill: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Lunesta.

Decision rationale: The records indicate the patient has chronic pain in the thoracic spine with associated myalgia and myositis. The records also indicate the patient has complaints of insomnia secondary to pain. The current request is for Lunesta 2mg, thirty count with 1 refill. The attending physician recommends taking 1 Lunesta 2mg nightly for insomnia secondary to pain. The ODG guidelines state "Eszopicolone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. (Morin, 2007)" The only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. A randomized, double blind, controlled clinical trial with 830 primary insomnia patients reported significant improvement in the treatment group when compared to the control group for sleep latency, wake after sleep onset, and total sleep time over a 6-month period. In this case, given the records indicate the patient continues to have thoracic pain and insomnia secondary to pain, the current request is medically necessary.

Oxycodone 10 mg, 120 count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80 - 82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Opioids Page(s): 74-96.

Decision rationale: The records indicate the patient has chronic pain in the thoracic spine with associated myalgia and myositis. The records also indicate the patient has complaints of insomnia secondary to pain. The current request is for Oxycodone 10mg, 120 count. The attending physician on his report dated 3/4/15 on page 33 (b), addresses the 4 A's of opiate management. In his report he indicates no adverse or aberrant behavior. He notes that pain levels with medications drop from 9/10 to 3/10 with medication. ADLs measured using a pain disability index indicate medications improve function from 9/10 to 3/10 on average with respect to recreation, social activity, self care, and sleep. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, there is clear documentation of moderate to severe pain. There is documentation of improved functional ability with respect to recreation, social activity, self-care and sleep. There is also documentation of no adverse side effects or aberrant drug behaviors. The current request for Oxycodone is medically necessary as there is sufficient documentation of functional relief, analgesia and there are no side effects noted.