Case Number:	CM15-0170128		
Date Assigned:	09/10/2015	Date of Injury:	01/07/2015
Decision Date:	10/08/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	08/28/2015

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: Texas, Florida, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 59 year old male who sustained a work related injury January 7, 2015. While driving a bus, he was rear-ended by another motor vehicle. He developed pain in his neck, shoulders, low back and bilateral lower extremity. Past history included hypertension. Diagnoses are cervical degenerative disc disease stenosis; lumbar degenerative disc disease; myofascial pain; cervical and lumbar radiculopathy. According to a primary treating physician's progress report, dated August 14, 2015, the injured worker presented with complaints of neck pain with radiation to upper extremity, left greater than right, with some tingling sensation. He also reports lower back pain, with numbness and tingling and unspecified sleep issues. He is attending chiropractic therapy once a week, uses a heating pad and TENS (transcutaneous electrical nerve stimulation) unit, taking Gabapentin and found Lidopro helpful while at work. He reports cervical traction was helpful in the past. He is currently working full time, driving a commercial bus. Objective findings included; tenderness to palpation cervical, trapezii and lumbar paraspinal muscles; normal strength; twitch response in trapezii, cervical psm (paraspinal muscle) and rhomboid along scapular border; decreased sensation right lower extremity. Treatment plan included pending cervical traction, continue; chiropractic treatment, TENS unit, heating pad and medication and a trial of Lunesta for sleep. At issue, is a request for authorization, dated August 14, 2015, for Lidopro cream 121gm and Eszopiclone 1 mg #30.Electrodiagnostic studies of the lower extremities, performed June 29, 2015, (report present in the medical record) impressions are documented as; abnormal study; evidence consistent with a bilateral lumbar radiculopathy. In both cases, the nerve root appears to be L5. Electrodiagnostic studies of the upper extremities, performed June 3, 2015, (report present in

the medical record) impressions are documented as; evidence of bilateral cervical radiculopathy involved nerve roots, most likely C6, although the possibility of C5 and or C7 involvement cannot be entirely excluded According to utilization performed August 26, 2015, the request for Lidopro Cream 121gm and Eszopiclone (Lunesta) 1mg #30 are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream 121gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: This claimant was injured in January 7, 2015 in a motor vehicle accident with diagnoses of cervical degenerative disc disease stenosis; lumbar degenerative disc disease; myofascial pain; cervical and lumbar radiculopathy. As of August, there was still neck pain with radiation to the upper extremity, and low back pain. There were unspecified sleep issues. He is currently working full time, driving a commercial bus. LidoPro is a combination of Capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10%, and the primary component is the topical analgesic, Methyl Salicylate 27.5%.The MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is not medically necessary.

Eszopiclone 1mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: As shared previously, this claimant was injured in January 7, 2015 in a motor vehicle accident with diagnoses of cervical degenerative disc disease stenosis; lumbar degenerative disc disease; myofascial pain; cervical and lumbar radiculopathy. As of August, there is still neck pain with radiation to the upper extremity, and low back pain. There were unspecified sleep issues. He is currently working full time, driving a commercial bus. Regarding Eszopicolone (Lunesta), the MTUS is silent. The ODG, Pain section simply notes it is not recommended for long-term use, but recommended for short-term use. In this case, the use appears to be chronic, with little mention of benefit out of the sleep aid. There is insufficient evidence to support the usage in this claimant's case. Further, under Department of Transportation rules for commercial drivers, medications such as sleeping bills must be used with extreme caution, and it is not clear this safety review was done with the claimant. The request is not medically necessary.