

Case Number:	CM15-0177650		
Date Assigned:	09/18/2015	Date of Injury:	02/10/2015
Decision Date:	12/01/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/09/2015

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, Arizona

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 34 year old male, who sustained an industrial injury on February 10, 2015. The injured worker was being treated for cervical spine sprain and strain, cervical radiculitis, lumbosacral joint and ligament sprain and strain, thoracic spine sprain and strain, and headache. Medical records (August 20, 2015 to August 27, 2015) indicate ongoing neck pain radiating to the right upper extremity with numbness and occasional twitching, midback pain, low back pain radiating to the right lower extremity with numbness, right anterior rib pain, and occasional headaches without aura, nausea, and vomiting. His pain is helped minimally by his medications. The medical records show the subjective pain rating shows improvement from 4-5 out of 10 on August 20, 2015 to 5 out of 10 on August 27, 2015. The physical exam (August 20, 2015 to August 27, 2015) reveals decreased cervical and lumbar range of motion, tenderness to palpation in the cervical and lumbar paraspinal muscles, and diffuse mild tenderness in the right anterior rib. Per the treating physician (August 20, 2015 report), x-rays of the cervical and thoracic spines were within normal limits, and x-rays of the lumbar spine revealed mildly decreased disk space height at L5-S1 (lumbar 5-sacral 1). Treatment has included chiropractic therapy with mild help, massage, heat, ice, and medications including topical pain (Lidopro cream since at least August), anti-epilepsy (Gabapentin since at least August), muscle relaxant (Cyclobenzaprine since at least August), hypnotic (Lunesta), and non-steroidal anti-inflammatory (Naproxen since at least August). Per the treating physician (August 21, 2015 report), the injured worker is unemployed. The requested treatments included Lidopro cream, Eszopiclone 1mg, Naproxen 550mg, Gabapentin 300mg, and Cyclobenzaprine

7.5mg. PR-2 note September 2015 states that pain medications are "minimally" helpful and that Lunesta "does not help much." On September 3, 2015, the original utilization review non-certified a request for Lidopro cream 121gm, Eszopiclone 1mg #30, Naproxen 550mg #60, Gabapentin 300mg #90, and Cyclobenzaprine 7.5mg #60.

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: Per MTUS guidelines, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anti-convulsants and/or anti-depressants have failed. The guidelines go on to state that when any compounded product contains one medication that is not recommended, the compounded product as a whole is not recommended. Lidocaine is only approved for use as a patch, topically, and for diagnosis of post-herpetic neuralgia. The injured worker does not maintain a diagnosis of post-herpetic neuralgia. The request is not medically necessary.

Eszopiclone 1mg #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), Eszopiclone (Lunesta).

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

Decision rationale: California MTUS do not address Lunesta. The ODG state Lunesta is utilized as a treatment of insomnia, and is noted to demonstrate reduced sleep latency and sleep maintenance and is the only FDA-approved benzodiazepine receptor antagonist approved for use longer than 35 days. Most recent PR-2 submitted for review states this medication has not been helpful. Long-term use is not recommended per applicable guidelines. The request is not medically necessary.

Naproxen 550mg #60: 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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: As per MTUS Chronic Pain Guidelines, NSAIDs are useful for osteoarthritis related pain. Due to side effects, and risks of adverse reactions, MTUS recommends as low a dose as possible for as short a course as possible. Acetaminophen should be considered initial therapy in those with mild to moderate osteoarthritic pain. Within the submitted records, it is noted that medications have only helped minimally. There is no support for ongoing use of this class of medication that is not recommended long-term. The request is not medically necessary.

Gabapentin 300mg #90: 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): Anti-epilepsy drugs (AEDs).

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines identifies that Gabapentin (Neurontin) has been shown to be effective for the treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. There is no diagnosis of diabetic painful neuropathy within the submitted records. Within the submitted records, it is noted that pain medications have only helped minimally. There is no support, as a result, for the ongoing use of Gabapentin. The request is not medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: According to the CA MTUS, Cyclobenzaprine is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS Guidelines: "Recommend non-sedating muscle relaxants with caution as a second line option for the short-term relief of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." There is mention that pain medications are only helping minimally. Long-term use is not recommended. As such, the request is not medically necessary.