

Case Number:	CM15-0062349		
Date Assigned:	04/08/2015	Date of Injury:	10/04/2011
Decision Date:	05/14/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/02/2015

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: Georgia, California, Texas

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 30 year old male who sustained an industrial injury on 10/04/2011. Diagnoses include herniated nucleus pulposus of the lumbar spine at L4-5 and L5-S1, lumbar radiculopathy, mid back degenerative disc disease, and chronic pain syndrome. Treatment to date has included diagnostic studies, medications, use of a TENS Unit, back brace, and home exercise program. A physician progress note dated 02/23/2015 documents the injured worker has had no change from his last visit in October of 2014. The injured worker describes his pain as an aching and stabbing pain with numbness and pins and needles. He rates his pain as 7 out of 10. He has no numbness or tingling in his lower extremities. Gait is normal with no assistive devices. He has a positive straight leg raise on the right to calf at 60 degrees. There is a positive slump test on the right. The treatment plan consisted of medications. Treatment requested is for Eszopiclone 2 mg #30, LidoPro topical ointment with application #1, and Nabumetone 750 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 750 mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68 of 127.

Decision rationale: For treatment of osteoarthritis, MTUS recommends use of NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. MTUS recommends short-term use of NSAIDs for chronic low back pain or acute exacerbations of low back pain. Per the submitted office notes, the injured worker reports specific symptomatic improvement and improvement in activities of daily living with prn use of nabumetone. The treating physician is monitoring appropriate periodic laboratory studies to assess for potential adverse events associated with NSAID therapy. The request is medically necessary.

Eszopiclone 2 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (Chronic, updated 04/30/15), Eszopiclone (Lunesta) ODG Mental Illness & Stress Chapter (updated 03/25/15), Eszopiclone (Lunesta).

Decision rationale: ODG Pain Chapter recommends eszopiclone for short-term use only and refers to the ODG Mental Illness & Stress citation. ODG recommends limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourages use in the chronic phase, noting "They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term." Due to lack of documented trial of non-pharmacologic treatment for insomnia including sleep hygiene measures, lack of a documented detailed evaluation for the source of the injured worker's insomnia, and lack of support by ODG for long-term use of hypnotic agents, the request is not medically necessary.

LidoPro topical ointment with application #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113 of 127.

Decision rationale: The active ingredients of Lidopro Ointment (Terrain Pharmaceuticals) include capsaicin 0.0325%, lidocaine 4.5%, menthol 10%, and methyl salicylate 27.5%. MTUS recommends topical lidocaine for patients with neuropathic pain who have previously been tried on first-line medications including an oral antiepilepsy drug (AED) or and oral tricyclic or SNRI antidepressant. Lidoderm patch is the only form of topical lidocaine recommended for

treatment of chronic pain by MTUS. MTUS recommends topical capsaicin for patients who have failed other treatments, and states: "There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy." MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Based upon lack of support for ingredients of Lidopro ointment by MTUS and lack of a documented previous trial of first-line medication for neuropathic pain, the request is not medically necessary.