

<b>Case Number:</b>	CM15-0072022		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	04/15/2004
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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 40 year old male, who sustained an industrial injury on April 15, 2004. The injured worker was diagnosed as having neuropathy. Several documents within the submitted medical records are difficult to decipher. A progress note dated March 5, 2014 provides the injured worker complains of headaches and dizziness with heart palpitations. Pain is rated 4/10. He reports a bad day with no major changes. The plan is for medication. There is a request for oral and topical medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methocarbam 500mg 30 day supply Qty: 60 with 4 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants For Pain Page(s): 63-65.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment guidelines comment on the use of muscle relaxants such as Methocarbamol. These guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the records indicate that the muscle relaxant, Methocarbamol, is being used as a long-term treatment strategy for this patient's chronic pain syndrome. Long-term use is not recommended per the above cited guidelines. For this reason, Methocarbamol is not recommended a medically necessary treatment.

**Eszopicane 3mg 30 day supply Qty: 30 and 4 refills:** 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), 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) Chapter: Chronic Pain Section: Insomnia Treatment/Eszopicane.

**Decision rationale:** The Official Disability Guidelines comment on the use of medications to treat insomnia, including Eszopiclone. These drugs are not recommended for long-term use, but recommended for short-term use. The guidelines recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. 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. For these reasons, Eszopiclone is not a medically necessary treatment.

**Lidocaine Pad 5% 30 day supply Qty: 90 with 4 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Patch Page(s): 56-57.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment guidelines comment on the use of the Lidocaine patch (also known as a Lidocaine Pad) as a treatment modality. Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is

needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, there is insufficient evidence that the patient has received an adequate trial of a first-line therapy (a tricyclic or SNRI anti-depressant or an AED such as gabapentin). Given the lack of documentation of a first-line therapy, a Lidocaine Pad is not considered as a medically necessary treatment.