

Case Number:	CM15-0072045		
Date Assigned:	04/22/2015	Date of Injury:	06/30/2011
Decision Date:	05/21/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	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: New Jersey

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 54 year old female with an industrial injury dated 10/06/2014. The only record available for review is an agreed medical re-examination dated 10/06/2014. The diagnoses documented in this note include subacromial decompression and right shoulder rotator cuff repair. Prior treatments included physical therapy, surgery and medications. Her chief complaints are neck, upper back, left wrist, left thumb and right shoulder pain. Tenderness was noted in the thoracic spine and right shoulder. The current request is for Lidoderm patches for pain and Lunesta for sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches #1 box: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), pp. 56-57, AND Topical Analgesics, Lidocaine p. 112.

Decision rationale: The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI antidepressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, there was no documented evidence of neuropathy found in the notes available for review (no subjective complaints of numbness or tingling and no physical findings such as decreased sensation, etc.) to warrant topical lidocaine use. Also, if there was in actuality neuropathic-type pain, there were also no record showing failed first-line treatments which would lead to Lidocaine use. Therefore, the request for Lidoderm patches will be considered medically unnecessary.

Lunesta 3mg #60: 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), Eszopicolone (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness section, sedative hypnotics and the Pain section, insomnia treatment.

Decision rationale: The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, the only documentation seen regarding sleep was the mention of Motrin to help reduce shoulder pain and sleep up to 3 hours. There was no report found regarding Lunesta and its effects on the worker's sleep quality and pattern. Regardless, it appeared that she had been using Lunesta chronically, which is not recommended for this drug class. Therefore, the Lunesta will be considered medically unnecessary.