

Case Number:	CM15-0090683		
Date Assigned:	05/15/2015	Date of Injury:	07/08/2011
Decision Date:	06/23/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/11/2015

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

Certification(s)/Specialty: Anesthesiology, Pain Management

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 (IW) is a 35-year-old female who sustained an industrial injury on 07/08/2011. Diagnoses include knee pain, pain in joint lower leg, low back pain, anxiety and depression. Treatments to date include medications, physical therapy, left knee steroid injections, bracing, knee arthroscopy and TENS unit. According to the progress notes dated 4/28/15, the IW reported left knee pain. She was using only Lidoderm patches for pain during work hours with significant benefit. She stated she was sleeping 7 to 8 hours per night with Lunesta. On examination range of motion was restricted to 115 degrees of flexion due to pain and tenderness to palpation was present over the medial and lateral joint lines. The notes stated the IW could lift more weight and was able to walk, sit, stand and perform tasks for longer periods with medications than without them. The pain score was reported as 4-7/10. A request was made for Lidoderm 5% patch, #30 with one refill for relief of nerve pain throughout the day while working; Dilaudid 2mg, #60 for pain relief after prolonged walking at work, and Lunesta 3mg, #20 with one refill for sleep disturbance secondary to chronic pain. Prior treatments with gabapentin and Cymbalta was discontinued because of adverse effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch, Qty 30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic can be utilized for the treatment of localized neuropathic pain when treatments with first line anticonvulsant and antidepressant medications have failed. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. The guidelines recommend that first line medications be utilized in patients with co-existing psychosomatic symptoms of anxiety and depression. The records did not show that different classes of co-analgesic medications was tried to decrease the incidence of medication intolerance. The criteria for the use of Lidoderm 5% patch #30 with 1 refill was not met. The request IS NOT medically necessary.

Dilaudid 2 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-88, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 46, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short term treatment of exacerbation of musculoskeletal pain when treatment with NSAIDs and non opioid co-analgesics have failed. The guidelines recommend that extended release opioid formulations be utilized for maintenance treatment of chronic pain conditions. The records did not show documentation of compliance monitoring of serial UDS, CURES reports, absence of aberrant behavior and functional restoration. There is no documentation of failure of NSAIDs and various classes of non opioid co-analgesics. The criteria for the use of Dilaudid 2 mg #60 was not met. The request IS NOT medically necessary.

Lunesta 3 mg Qty 20 with 1 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: Mental Illness & Stress chapter - Eszopicolone (Lunesta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24.

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of sedatives and hypnotics be limited to periods of 4 to 6 weeks while the sleep disorder is being evaluated. The chronic use of sleep medications can be associated with the development of tolerance, dependency, daytime somnolence, addiction and adverse interactions with sedatives medications. The records did not show that sleep hygiene measures have been implemented. There is no documentation that the sleep disorder had been fully investigated for correctable causes. The patient had utilized Lunesta longer than the guidelines recommended maximum period of 4 to 6 weeks. The criteria for the use of Lunesta 3mg #20 with 1 refill was not met. The request IS NOT medically necessary.