

<b>Case Number:</b>	CM15-0093941		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	12/22/2008
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: Texas, New York, California  
 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 applicant is a represented 37-year-old who has filed a claim for chronic low back, neck, wrist, and foot pain reportedly associated with an industrial injury of December 22, 2008. In a Utilization Review report dated April 20, 2015, the claims administrator failed to approve requests for Lidoderm patches and Lunesta while approving Dilaudid, an otolaryngology referral, a neurology referral, Vicodin, acupuncture, and an ART specialist consultation. The claims administrator referenced an April 7, 2015 progress note and associated RFA form in its determination. The applicant's attorney subsequently appealed. In a RFA form dated February 27, 2015, Dilaudid, Vicodin, Lidoderm, and Lunesta were endorsed. In an associated progress note of February 27, 2015, the applicant reported ongoing complaints of low back pain. The applicant was not working, it was acknowledged. An ENT referral was pending. The applicant's pain complaints were, at times, severe, it was acknowledged. The applicant's medications included Vicodin, Lidoderm, Lunesta; it was reported in another section of the note. Multiple medications were renewed while the applicant was kept off work. On April 7, 2015, the applicant reported 8/10, constant, severe back, neck, wrist, and foot pain with derivative complaints of depression, anxiety, headaches, and migraines. Ancillary complaints of tinnitus were reported. The applicant was not working, it was acknowledged. Multiple medications were renewed, including the Lidoderm and Lunesta at issue, while the applicant was seemingly kept off work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% #180: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

**Decision rationale:** No, the request for topical Lidoderm patches was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Lidoderm is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and anticonvulsants. Here, however, there was no evidence of antidepressant adjuvant medication and/or anticonvulsant adjuvant medication failure prior to introduction, selection, and/or ongoing usage of Lidoderm patches in question. It is further noted that the applicant had used the Lidoderm patches in question for some time and had, moreover, failed to demonstrate a material or meaningful benefit with ongoing usage of the same. The applicant remained off work, it was acknowledged on several progress notes, referenced above. Ongoing usage of Lidoderm patches failed to curtail the applicant's dependence on opioid agents such as Dilaudid and Vicodin. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Lidoderm patches in question. Therefore, the request was not medically necessary.

**Lunesta 3 mg #90: 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), Mental Illness and Stress Chapter, Lunesta.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Mental Illness & Stress, Eszopicolone (Lunesta).

**Decision rationale:** Similarly, the request for Lunesta, a sleep aid, likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, ODG's Mental Illness and Stress Chapter Eszopicolone topic notes that Lunesta is not recommended for long-term use purposes but, rather, should be reserved for short-term use purposes. Here, however, the applicant had been using Lunesta for what appeared to have been a minimum of several months as of the date of the request. Continuing the same was not indicated, per ODG. The attending provider failed to furnish a compelling rationale for continued usage of Lunesta in the face of the unfavorable ODG position on the same. Therefore, the request was not medically necessary.

