

<b>Case Number:</b>	CM15-0095719		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	12/12/1999
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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: Physical Medicine & Rehabilitation

### 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 64 year old male, who sustained an industrial injury on 12/12/1999. He reported injuries to the back and neck after lifting type activity. Diagnoses include post cervical laminectomy syndrome, post laminectomy lumbar syndrome and carpal tunnel syndrome; status post bilateral carpal tunnel release, brain injury, no coma, and dysphagia. Treatments to date include medication therapy and psychotherapy. Currently, he complained of pain in the hand, pack and bilateral shoulders. He requested neurobehavioral rehabilitation for traumatic brain injury. There was documentation of multiple falls with head trauma and post-concussion syndrome with memory issues, aphasia and anger issues. On 4/10/15, the physical examination documented observance of rambling, topic jumping, and emotional waxing and waning. He is documented to utilize a wheelchair for mobilization. The plan of care included Lunesta 3mg #30 and Capsaicin 0.075% topical cream #2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Lunesta 3mg #30 dispensed on 3/13/15: 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, Insomnia Treatment and Eszopiclone (Lunesta).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Mental & Stress Chapter, Eszopicolone (Lunesta).

**Decision rationale:** The patient presents with low back and neck pain. The request is for RETROSPECTIVE LUNESTA 3MG #30 DISPENSED ON 3/13/15. The request for authorization is dated 04/06/15. His secondary chief complaint is dizziness and balance problems, he has difficulty standing, he has to hold onto railing or another person, otherwise, he will fall. Lunesta was working and mirtazapine did not help him at all he states that he has been on mirtazapine before and wants to go back onto the Lunesta which was more helpful. Patient's medications include Lunesta, Capsaicin, Sween Cream, Docusate Sodium, Nexcare Tegaderm Dressing, Nabumetone, Omeprazole, Detrol, Mirtazapine, Calcium, Depakote, Multivitamins, Provigil, Vitamin D, Lisinopril and Metoprolol. Per progress report dated 03/13/15, the patient is permanent and stationary. ODG-TWC, Mental & Stress Chapter states: "Eszopicolone (Lunesta): Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. The FDA has lowered the recommended starting dose of eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women." Per progress report dated 03/13/15, treater's reason for the request is "In regards to the patient's sleeplessness the Lunesta was the only medication that works well for him he has tried other sleep aids and Lunesta was really the only medication that works well for him." The patient has been prescribed Lunesta since at least 11/05/14. In this case, it appears the use of Lunesta has helped with the patient's sleeplessness. However, the request for additional Lunesta #30 would exceed MTUS recommendation and does not indicate intended short-term use of this medication. Therefore, the request WAS NOT medically necessary.

**Retrospective Capsaicin 0.075% Cream #2 dispensed on 3/13/15: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Capsaicin, topical Page(s): 111-113, 29.

**Decision rationale:** The patient presents with low back and neck pain. The request is for RETROSPECTIVE CAPSAICIN 0.075% CREAM #2 DISPENSED ON 3/13/15. The request for authorization is dated 04/06/15. His secondary chief complaint is dizziness and balance problems, he has difficulty standing, he has to hold onto railing or another person, otherwise, he will fall. Lunesta was working and mirtazapine did not help him at all he states that he has been on mirtazapine before and wants to go back onto the Lunesta which was more helpful. Patient's medications include Lunesta, Capsaicin, Sween Cream, Docusate Sodium, Nexcare Tegaderm Dressing, Nabumetone, Omeprazole, Detrol, Mirtazapine, Calcium, Depakote, Multivitamins,

Provigil, Vitamin D, Lisinopril and Metoprolol. Per progress report dated 03/13/15, the patient is permanent and stationary. MTUS, pg 111-113, Topical Analgesics state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS, pg 29, Capsaicin, topical, " Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis osteoarthritis, fibromyalgia, and chronic non-specific back pain. Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). 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. Per report dated 04/10/15, treater's reason for the request is "for neuropathic pain. He continues to have neck and low back pain," In this case, the patient presents with low back pain, for which this topical medication would be indicated. However, this product contains Capsaicin at 0.075% formulation for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain, which the patient does not present with. MTUS does not recommend concentrations higher than 0.025% as it provides no further efficacy. Therefore, the request WAS NOT medically necessary.