

<b>Case Number:</b>	CM14-0149234		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	08/19/2011
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 York  
 Certification(s)/Specialty: Internal 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 injured worker is a 42 year old female, who sustained an industrial injury on 8/19/11. The injured worker was diagnosed as having frequent recurring severe lower back pain, post op C5-6 surgery; post op left carpal tunnel release, intermittent hand swelling, post op L5-S1 fusion, headaches and depression. Treatment to date has included neck surgery, lower back surgery, left carpal tunnel release, activity restrictions, physical therapy, topical medications and oral medications including opioids. Currently, the injured worker complains of migraine headaches, anxiety and restlessness, continued increased pain with stiffness and soreness. Physical exam noted decreased range of motion of neck with healed anterior surgical scar, healed surgical scar of left wrist and healed recent scar of lower back with paravertebral spasms and paresthasias to right 1st toe web space. The treatment plan included continuation of Lexapro, ESGIC, and Thermaphore heating pad, Soma, Lidoderm patches, Lunesta, Colace and home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patch 5% #30:** 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 Analgesics Page(s): 111.

**Decision rationale:** Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy, including tri-cyclic or SNRI anti-depressants or an anti-epileptic drug. Per guidelines, further research is needed to recommend Lidoderm for the treatment of chronic neuropathic pain disorders other than post-herpetic neuralgia. Physician reports fail to demonstrate supporting evidence of significant improvement in the injured worker's pain to justify continued use of Lidoderm patch. The request for Lidoderm Patch 5% #30 is not medically necessary by lack of meeting MTUS criteria.

**Soma 35mg #100:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

**Decision rationale:** MTUS states muscle relaxants should be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Furthermore, in most cases of low back pain, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Documentation fails to indicate acute exacerbation or significant improvement in the injured worker's pain with the use of Soma. The medical necessity for ongoing use of this medication has not been established. The request for Soma 35mg #100 is not medically necessary per MTUS guidelines.

**Lunesta 2mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Med Lett Drugs.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia treatment.

**Decision rationale:** Per guidelines, hypnotics are not recommended for long-term use and should be limited to three weeks maximum in the first two months of injury only. Use in the chronic phase is discouraged. 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. Documentation fails to show that the injured worker is diagnosed with Insomnia. Given that the injured worker has chronic pain syndrome with no documented diagnosis of sleep disorder, the medical necessity for continued use of Lunesta has not been established. The request for Lunesta 2mg #30 is not medically necessary based on ODG.

**Coenzyme Q10: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult: Drug Monography.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/>.

**Decision rationale:** Coenzyme Q-10 is a vitamin-like substance required for the proper function of many organs and chemical reactions in the body. People with certain diseases, such as congestive heart failure, high blood pressure, periodontal disease, Parkinson's disease, certain muscular diseases, and AIDS, may have lower levels of coenzyme Q-10. Coenzyme Q-10 also said to have antioxidant activity. Documentation provided for review fails to support that Coenzyme Q-10 supplementation is related to the current work-related conditions. The request for Coenzyme Q-10 is not medically necessary.

**Voltaren Cream 2 Boxes/ 10 Tubes: 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 Analgesics Page(s): 111.

**Decision rationale:** Voltaren Gel 1% (diclofenac) is a topical non-steroidal anti-inflammatory drug (NSAID) indicated for short-term treatment (4-12 weeks) of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Per MTUS, topical NSAIDs are not recommended for neuropathic pain. The injured worker complains of chronic low back pain and numbness in hands. Documentation shows no significant improvement in pain with the use of this medication, which is not recommended for the treatment of above conditions. With MTUS guidelines not being met, the request for Voltaren Cream 2 Boxes/ 10 Tubes is not medically necessary by MTUS.

**Colace #100: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://www.nlm.nih.gov/medlineplus](http://www.nlm.nih.gov/medlineplus/).

**Decision rationale:** Stool softeners are used on a short-term basis to treat constipation. Documentation fails to show that the injured worker is diagnosed with constipation. The request for Colace #100 is subsequently not medically necessary.