MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4270

MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 11/18/2013

Employee:	
Claim Number:	
Date of UR Decision:	7/10/2013
Date of Injury:	8/19/2009
IMR Application Received:	7/18/2013
MAXIMUS Case Number:	CM13-0002186

1) MAXIMUS Federal Services, Inc. has determined the request for **Unknown Medications is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **Lunesta 3 MG is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/18/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/23/2013. A decision has been made for each of the treatment and/or services that were in dispute:

1) MAXIMUS Federal Services, Inc. has determined the request for **Unknown Medications is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **Lunesta 3 MG is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:
The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Preventive Medicine and Occupational Medicine and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:
The applicant, [redacted], is a represented [redacted] employee who has filed a claim for chronic low back pain, reportedly associated with an industrial injury of August 19, 2009.

Thus far, he has been treated with the following: Analgesic medications; prior lumbar laminectomy surgery; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy, psychological counseling; unspecified amounts of aquatic therapy; unspecified amounts of acupuncture; electrodiagnostic testing of June 28, 2013, notable for a mild-to-moderate bilateral peroneal neuropathy; and extensive periods of time off work.

In a utilization review report of July 9, 2013, the claims administrator denied request for Lunesta and other unspecified medications. The applicant's attorney later appealed.

An earlier note of June 19, 2013, is notable for comments that the applicant reports persistent mid and low back pain, radiating into bilateral lower extremities. The applicant reports daily headaches; feels his condition is getting worse; and is using long-acting morphine, short-acting morphine, and Neurontin. The applicant has reportedly discontinued Valium, Lunesta, Desyrel, and Prozac, previously given to him by a psychiatrist. The applicant is asked to remain off work, on total temporary disability, and consult a spine surgeon.

Documents Reviewed for Determination:
The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Employee/Employee Representive
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request for Unknown Medications :**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision
The Claims Administrator did not base its decision on the any evidence based guidelines.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Medications for Chronic Pain, page 60, which is a part of MTUS.

Rationale for the Decision:
As noted on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines, the aim, potential benefit, and preference of the applicant should be factored into account with each new prescription. A record of the pain and function of each medication should be recorded. In this case, the attending provider did not accurately record the names of the medications that the applicant is taking, as suggested on page 95 of the MTUS Chronic Pain Medical Treatment Guidelines. **The request for unknown medications is not medically necessary and appropriate.**

1) **Regarding the request for Lunesta 3 MG :**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision
The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Eszopicolone (Lunesta), which is a part of MTUS, and the Official Disability Guidelines (ODG), Pain, (Chronic), which is not part of the MTUS.

The Expert Reviewer based his/her decision on the MTUS definitions, (f) “Functional Improvement”, which is part of the MTUS and the Official Disability Guidelines (ODG), Chronic Pain Chapter, Insomnia Treatment, which is not part of the MTUS.

Rationale for the Decision:
The MTUS does not specifically address the topic of medications for insomnia treatment. As noted in the ODG Chronic Pain Chapter Lunesta topic, Lunesta is endorsed or recommended for long-term use purposes and should be considered a first-line medication for insomnia. In this case, however, the attending provider noted on a recent progress note that the employee had been instructed to discontinue Lunesta by his psychiatrist. There is, furthermore, no description of the medication's efficacy. It is not clearly stated whether the employee responded favorably to prior introduction of Lunesta. There is no evidence that the employee affected a return to work, improved work status, improved performance with activities of daily living, and/or diminished reliance on other medications as a result of Lunesta usage. **The request for Lunesta 3 MG is not medically necessary and appropriate.**

Effect of the Decision:
The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/hs

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.