

Case Number:	CM13-0025707		
Date Assigned:	03/14/2014	Date of Injury:	03/27/1999
Decision Date:	08/12/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/17/2013

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. The expert reviewer is Board Certified in 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 represented [REDACTED] employee who has filed a claim for chronic neck pain and paraplegia reportedly associated with an industrial injury of March 27, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; antidepressant medications; adjuvant medications; sleep aids; and the apparent imposition of the permanent work restrictions. The applicant, per the attending provider, is apparently working with permanent limitations in place. In a utilization review report dated August 16, 2013, the claims administrator denied a request for Fioricet, denied a request for Lunesta, approved a request for Vicodin, approved a request for Wellbutrin, and approved a request for Lunesta. The claims administrator stated that Lunesta should not be used beyond two to six weeks, but did not incorporate any of the cited guidelines into its rationale insofar as that comment was concerned. The applicant's attorney subsequently appealed. A September 11, 2012 progress note is notable for comments that the applicant was working full time. 2/10 pain was noted with medications and 8/10 pain without medications. The applicant was asked to start Fioricet for migraines as of this point. The applicant was asked to continue Pristiq for headaches and Lunesta for pain-related insomnia. On November 8, 2012, the applicant was still described as working full time and completing activities of daily living. The applicant felt that Lunesta was effective in ameliorating her sleep. The applicant is asked to discontinue Fioricet at this point, it was incidentally noted. Lunesta, however, was renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate Containing Analgesics topic Page(s): 23.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, barbiturate continuing analgesics such as Fioricet are not recommended in the treatment of chronic pain, as is present here. In this case, no compelling rationale has been requested for authorization so as to offset the unfavorable Chronic Pain Medical Treatment Guidelines recommendation. It is further noted that the attending provider apparently reached the same conclusion and ultimately also elected to discontinue Fioricet. Therefore, the request for Fioricet is not medically necessary or appropriate.

Lunesta 2mg, thirty count: Overturned

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Label FDA - Food and Drug Administration (www.accessdata.fda.gov/drugsatfda.../labe...)

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not address the topic of Lunesta usage. As noted by the Food and Drug Administration (FDA), however, Lunesta is indicated in the treatment of insomnia. FDA apparently found clinical trials demonstrating efficacy on a long-term basis, for up to six months in duration in adults. P.r.n. usage of Lunesta on a longstanding basis for pain related insomnia, thus, does conform to the FDA label. The attending provider has, furthermore, posited that ongoing usage of Lunesta has been beneficial in ameliorating the applicant's sleep here. Therefore, the request for Lunesta 2mg, thirty count, is medically necessary and appropriate.