MAXIMUS Federal Services

Case Number:	CM13-0033305		
Date Assigned:	03/19/2014	Date of Injury:	09/09/2005
Decision Date:	07/25/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/09/2013

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 Physical Medicine and Rehabilitation 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 injured worker is a 61-year-old male who reported injury on 09/09/2005. The mechanism of injury was not provided. The medication history included Lunesta, Lyrica, Cymbalta, MiraLax, Colace, Lidoderm patches, Lexapro, terazosin, Prevacid, methadone, Dilaudid, DSS capsules, and Senna as of 08/09/2012. The documentation of 07/18/2013 revealed the injured worker's pain level had remained the same, unchanged since the last visit. The activity level remained the same. The diagnoses included shoulder pain and right knee pain as well as reflex sympathetic dystrophy in the right lower limb. The treatment plan included Lunesta for sleep disturbance secondary to pain and Senokot-S for constipation secondary to pain medications. It was noted the medications were refilled for 12 weeks. The subsequent documentation of 11/11/2013 revealed the injured worker had constipation and his constipation was not controlled with a current bowel regimen. The patient indicated that about every 2 weeks he would experience an episode of no bowel movement for 1 week. During the rest of the month the injured worker was able to manage with the current regimen. It was indicated that with Lunesta, the injured worker was able to get 4 to 6 hours of sleep, without the medication he only got 2 to 3 hours and the injured worker takes the medication as needed, not every night.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg tab #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Lunesta.

Decision rationale: The Official Disability Guidelines indicate that Lunesta is appropriate for the short term treatment of insomnia. The short term treatment is 2 to 6 weeks. The clinical documentation submitted for review indicated the injured worker had been taking the medication since 2012. While it was indicated that with Lunesta, the injured worker was able to get 4 to 6 hours of sleep and without the medication he only got 2 to 3 hours, there was not enough documentation of exceptional factors to warrant exceeding guideline recommendations. The request as submitted did not indicate the frequency for the medication. There was not enough documentation indicating a necessity for 2 refills without re-evaluation. Given the above, the request for Lunesta 3 mg tablets #30 with 2 refills is not medically necessary.

Senekot #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiation of Opioid Therapy Page(s): 77.

Decision rationale: The California MTUS Guidelines recommend that when in initiating opioid therapy there should be prophylactic treatment of constipation. The clinical documentation submitted for review indicated the injured worker had constipation and the current regimen was not working. The clinical documentation indicated the injured worker had been utilizing the medication since 2012. The documentation revealed the injured worker had constipation and his constipation was not controlled with a current bowel regimen, which would not support ongoing usage. There was not enough documented necessity for 2 refills without re-evaluation. The request as submitted did not indicate the frequency for the requested medication. Given the above, the request for Senekot #60 is not medically necessary.