

Case Number:	CM13-0042861		
Date Assigned:	12/27/2013	Date of Injury:	06/01/2006
Decision Date:	04/22/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/21/2013

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 Anesthesia, 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 patient is a 60 year old female injured worker with date of injury of 6/1/06 with related low back pain with radiation to the legs, left ankle, calf and thigh. She described the pain as aching, deep, numb and stabbing. She also complained of anxiety, depression, dizziness, extremity weakness, headaches and insomnia. MRI studies were not available for this review. She has been treated with physical therapy, TENS use, and medication management. The date of UR decision was 10/11/2013

IMR ISSUES, DECISIONS AND RATIONALES

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

LUNESTA 3MG 1 TAB AT BEDTIME #30: Upheld

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

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: With regard to insomnia treatment, the ODG guidelines state "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien® and Ambien® CR),

zaleplon (Sonata®), and eszopicolone (Lunesta®). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency. Although direct comparisons between benzodiazepines and the non-benzodiazepine hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action." The documentation submitted for review details that the injured worker continues to use this medication nightly. If she does not have it, her sleep onset is greatly increased and her duration of sleep is only a couple of hours. The records indicate that the injured worker has been using this medication for years. The ODG indicate a failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. The request is not medically necessary.

NAPROXEN SODIUM 550MG 1 TAB PO Q 12HRS AS NEEDED #60 2 REFILLS:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on NSAIDS Page(s): 37,67.

Decision rationale: With regard to the use of NSAIDs for chronic low back pain, the MTUS Chronic Pain Guidelines state, "Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." The injured worker has been using this medication since 5/2013, as Final Determination Letter for IMR Case Number CM13-0042861 4 it is only recommended for short-term symptomatic relief, the request is not medically necessary and appropriate.