

Case Number:	CM13-0047287		
Date Assigned:	02/20/2014	Date of Injury:	02/17/2009
Decision Date:	04/23/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/01/2013

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:

This 49 year-old female sustained an injury on 2/17/09 while employed by [REDACTED], [REDACTED]. Requests under consideration include Topiramate 100 mg #60, Eszopiclone (Lunesta) 2mg #30, and Urine drug screen x2. Diagnoses include Lumbago s/p lumbar laminectomy 2/18/10. Report of 11/14/13 from the provider noted complaints of low back pain, headaches, numbness in the rectal and vulva region and urinary incontinence along with mental fog, unsteadiness, and difficulty concentration with inability to articulate. The patient also noted cognitive side effects as a result of her medication regimen. Medications list Topiramate, Hydrocodone, Gabapentin, Duloxetine, and Eszopiclone. Exam showed antalgic gait; positive SLR; sensory deficits consistent with neuropathic etiology. Requests abover non-certified on 11/22/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPIRAMATE 100MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

Decision rationale: Per MTUS Guidelines, Topamax is recommended for limited use in select chronic pain patients as a fourth- or fifth-line agent and indication for initiation is upon failure of multiple other modalities such as different NSAIDs, aerobic exercise, specific stretching exercise, strengthening exercise, tricyclic anti-depressants, distractants, and manipulation. This has not been documented in this case nor has continued use demonstrated any specific functional benefit on submitted reports. Therefore, the request of Topiramate 100 mg #60 is not medically necessary and appropriate

ESZOPIDONE (LUNESTA) 2MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Insomnia Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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, PAGES 535-536.

Decision rationale: This 49 year-old female sustained an injury on 2/17/09 while employed by [REDACTED]. Requests under consideration include Topiramate 100 mg #60, Eszopiclone (Lunesta) 2mg #30, and Urine drug screen x2. diagnoses include lumbago s/p lumbar laminectomy 2/18/10. Report of 11/14/13 from the provider noted complaints of low back pain, headaches, numbness in the rectal and vulva region and urinary incontinence along with mental fog, unsteadiness, and difficulty concentration with inability to articulate. The patient also noted cognitive side effects as a result of her medication regimen. Medications list Topiramate, Hydrocodone, Gabapentin, Duloxetine, and Eszopiclone. Exam showed antalgic gait; positive SLR; sensory deficits consistent with neuropathic etiology. Hypnotics are not included among the multiple medications noted to be optional adjuvant medications, per the Official Disability Guidelines (ODG), "Pain". Additionally, Lunesta is a non-benzodiazepine-like, Schedule IV controlled substance. Long-term use is not recommended as efficacy is unproven with a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic use is the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Submitted documents have not demonstrated any functional improvement from Lunesta treatment prescribed for quite some time for this 2009 injury. As such, Eszopiclone (Lunesta) 2mg #30 is not medically necessary and appropriate.

URINE DRUG SCREEN x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

Decision rationale: Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid. Presented medical reports have unchanged symptoms with unchanged clinical findings. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS (Urine Drug Screen). Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. Therefore, two (2) urine drug screens are not medically necessary and appropriate