

Case Number:	CM13-0070696		
Date Assigned:	01/08/2014	Date of Injury:	01/28/2004
Decision Date:	08/27/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/26/2013

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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 patient is a 54 year-old with a date of injury of 01/28/04. The progress report associated with the request for services was not available. The most proximate report, dated 09/05/13, identified subjective complaints of neck and low back pain as well as pain in the shoulder, wrists, ankles and feet. She was noted to have insomnia due to the pain. Objective findings included tenderness of all effected joints and paraspinal muscle spasm in the neck and low back. Diagnoses included lumbar and cervical strain with radiculopathy; carpal tunnel syndrome; shoulder, ankle and foot strain; insomnia. Treatment has included oral opioids with partial pain relief and physical therapy. A Utilization Review determination was rendered on 12/05/13 recommending non-certification of a pain management consultation and 30 Lunesta 3mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 56.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions & Treatment Page(s): 11. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Office Visits.

Decision rationale: The Official Disability Guidelines (ODG) state that: The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. They further note that patient conditions are extremely varied and that a set number of office visits per condition cannot be reasonably established. The Medical Treatment Utilization Schedule (MTUS) state that there is no set visit frequency. It should be adjusted to the patient's need for evaluation of adverse effects, pain status, and appropriate use of medication, with recommended duration between visits from 1 to 6 months. The non-certification for consultation was based upon a recommendation in the 04/27/07 (pg. 56) Chronic Pain Guidelines of the State of Colorado Department of Labor and Employment that states that referral should occur if there is continued pain with minimal underlying pathology, there is aberrant pain behavior, or standard treatment measures have not been successful. That recommendation is not present in the 02/14/12 revision. The claimant continues to have pain requiring chronic opioid therapy and therefore, as noted above, there is documented medical necessity for a consultation.

30 Lunesta 3MG: 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, Insomnia Treatment; and Mental Illness & Stress, Eszopiclone.

Decision rationale: Lunesta (Eszopiclone) is a non-benzodiazepine pyrrolopyrazine derivative. It is a benzodiazepine-receptor agonist used for the short-term treatment of insomnia. The Medical Treatment Utilization Schedule (MTUS) does not specifically address Lunesta. The Official Disability Guidelines (ODG) states that treatment of insomnia should be through correction of underlying deficits. They further note that Lunesta (Eszopiclone) is recommended for short-term treatment of insomnia, but not recommended for long-term use. They note that Eszopiclone has multiple side effects and adults who use Eszopiclone have a greater than 3-fold increased risk for early death (Kripke, 2012). In this case, Lunesta has been used beyond the short-term. Therefore, the record does not document the medical necessity for Lunesta.

Neurosurgery Consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions & Treatment Page(s): 11. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Office Visits.

Decision rationale: The Official Disability Guidelines (ODG) state that: "The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment." They

further note that patient conditions are extremely varied and that a set number of office visits per condition cannot be reasonably established. The Medical Treatment Utilization Schedule (MTUS) state that there is no set visit frequency. The referral request to neurosurgery was due to ongoing symptoms of pain and radiculopathy. The claimant may not be a candidate for a neurosurgical procedure that would be determined through consultation. The non-certification was based upon lack of criteria for neurosurgical intervention that would occur in the first three months of injury. However, the claimant is many years past the initial injury. Therefore, the record does document the medical necessity for a neurosurgical consultation.