

Case Number:	CM14-0003484		
Date Assigned:	01/31/2014	Date of Injury:	11/21/2007
Decision Date:	06/19/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/08/2014

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:

This is a 48-year-old female with an 11/21/2007 date of injury. She was seen on 11/26/13 for left occipital pain and severe cervical spasms. She also had complaints of neck pain with radiation to the left upper extremity. Exam findings revealed cervical spine tenderness with spasm, positive Spurling's test, and decreased range of motion. Hypesthesia was noted in the left C5 and C6 dermatomes. Her diagnosis was cervical radiculopathy to the right extremity. The patient was noted to be taking Hydroxyzine to counteract pruritis as of 9/26/13 given the patient was on chronic opiate pain management and has been on Lunesta chronically at least since 1/16/13. Treatment to date has included right extensor tendon injection on 1/16/13, cervical and lumbar spine epidurals, trigger point injections, and medications. The UR decision date from 12/13/13 denied the request for Hydroxyzine as tolerance rapidly develops, and the request for Lunesta was modified from #30 to #10 as there were no documented issues pertaining to insomnia, thus a taper was initiated.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROXYZINE 25MG B.I.D PRN #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmed/11412287>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines PAIN CHAPTER ANTI-ANXIETY MEDICATIONS FOR CHRONIC PAIN pg. 80-82

Decision rationale: On pg. 80-81 of California MTUS Chronic Pain Medical Treatment guidelines under the heading "Long-term Users of Opioids (6-months or more)", it is noted that adverse effects to opioids should be documented. The provider has documented pruritis as an adverse effect of Norco. The medical records indicate that Hydroxyzine, an antihistamine, has been effective in treating the pruritis. Therefore, the request for Hydroxyzine 25mg b.i.d prn #60 is medically necessary.

LUNESTA 2MG Q.H.S #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (updated 11/14/13).

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: With regards to Lunesta, California MTUS does not address this issue. ODG states Eszopiclone (Lunesta) is a non-benzodiazepine sedative-hypnotic (benzodiazepine-receptor agonist) and is a first-line medication for insomnia; it is a schedule IV controlled substance that has potential for abuse and dependency; side effects: dry mouth, unpleasant taste, drowsiness, dizziness; sleep-related activities such as driving, eating, cooking and phone calling have occurred; and withdrawal may occur with abrupt discontinuation. This patient had been on Lunesta daily chronically at least since January of 2013. This medication is not meant to be used chronically as all hypnotics deprive patients of stage III and IV sleep, thus when used daily and chronically can actually cause sleep deprivation over time, in addition to tolerance. In addition, the patient's sleep hygiene was rarely discussed over the time she had been on this medication. The request was modified from 30 tablets to 10 tablets to avoid withdrawal per the UR decision, which was appropriate. Therefore, the request as submitted for Lunesta 2mg q.h.s #30 is not medical necessary.