

Case Number:	CM14-0108673		
Date Assigned:	08/01/2014	Date of Injury:	04/24/2002
Decision Date:	08/29/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/14/2014

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 Anesthesia, has a subspecialty in Acupuncture and Pain 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 55year old female with a date of injury of 4/24/02 with related neck pain. Per progress report dated 6/13/14, the injured worker reported radiation of pain to the right knee and left foot. Physical examination revealed tenderness of the spine. Lumbar mobility was decreased. She was status post re-implant of a right total knee replacement 5/19/14. She is diagnosed with CRPS of the right lower extremity. The documentation submitted for review does not include imaging study. She was refractory to acupuncture and physical therapy. She has been treated with surgery, injections, and medication management. The date of UR decision was 7/1/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pilocarpine HCL 5mg #60 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pilocarpine:
<http://www.drugs.com/mtm/salagen.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0001425/>.

Decision rationale: Pilocarpine treats dry mouth caused by radiation treatment or Sjogren's syndrome. It is also used to treat dryness of the eyes. The CA Medical Treatment Utilization Schedule (MTUS) Guidelines and Official Disability Guidelines-Treatment for Workers' Compensation are silent on the use of this medication. As the documentation submitted for review does not describe why this medication is prescribed, the request for Pilocarpine HCL 5mg #60 with 1 refill is not medically necessary.

Lunesta 3mg #60 with 3 refills: 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): Mental Health and Stress: Insomnia Treatment.

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

Decision rationale: The MTUS is silent on the treatment of insomnia. With regard to insomnia treatment, the Official Disability 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 mean 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 do not provide information regarding sleep onset, sleep maintenance, sleep quality or next day functioning to support the medical necessity of a sleep aid. Therefore, the request for Lunesta 3mg #60 with 3 refills is not medically necessary.