MAXIMUS Federal Services

Case Number:	CM14-0019166		
Date Assigned:	04/23/2014	Date of Injury:	06/01/2004
Decision Date:	07/03/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/14/2014

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 Geriatrics, has a subspecialty in Family Practice, and is licensed to practice in New York. 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 injured worker is a woman with a date of injury of 6/1/04 with injuries to her head, neck ribs, right clavicle an dentition. She has chronic myofascial pain of her neck, right shoulder and bilateral upper and lower extremities. She was seen by her physician on 1/14/14 when she called to return sooner to discuss medication issues. She had increased her kadan with worsening constipation. Her medications were kadan, cymbalta, lyrica, xanax, promethazine, restoril, lunesta, phenobarbital and senna. Her physical exam showed no change in flexed posture of the left arm/elbow or erythema of the hand and forearm. She still had an anxiety reaction noted with her complaints of nausea and other symptoms. She was to continue her medications which are at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUNESTA: 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 Other Medical Treatment Guideline Or Medical Evidence: Regents Group Guidelines: Drug Information: Lunesta And Treatment Of Insomnia.

Decision rationale: Lunesta was prescribed for difficulty sleeping in this injured worker with chronic pain. Lunesta is used in the treatment of insomnia (with difficulty of sleep onset and/or sleep maintenance) . Reported side effects include somnolence, headache, dizziness, and unpleasant dreams. In this injured worker, there was no documentation of a discussion of side effects of lunesta. Those with insomnia should receive therapy for any medical condition, psychiatric illness, substance abuse, or sleep disorder that may exacerbate or cause insomnia and be given advice regarding sleep hygiene. After this, cognitive behavioral therapy would be trialed first prior to medications. In this injured worker, her sleep pattern, hygiene or level of insomnia is not addressed. The records do not support the medical necessity of lunesta and thus the request is not medically necessary.

RESTORIL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: Restoril was prescribed for difficulty sleeping in this injured worker with chronic pain. Those with insomnia should receive therapy for any medical condition, psychiatric illness, substance abuse, or sleep disorder that may exacerbate or cause insomnia and be given advice regarding sleep hygiene. After this, cognitive behavioral therapy would be trialed first prior to medications. In this injured worker, her sleep pattern, hygiene or level of insomnia is not addressed. Additionally, benzodiazepenes are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The records do not support the prescribing of restoril and therefore the request is not medically necessary.

PHENOBARBITAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbituate-Containing Analgesic Agents.

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

Decision rationale: Anti-epileptic medications are recommended for neuropathic pain (pain due to nerve damage. There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). This injured worker has chronic myofascial pain of her neck, right shoulder and bilateral upper and lower extremities but no diagnosis of post herpetic neuralgia or polyneuropathy. The records do not support the medical necessity of Phenobarbital and is thus not medically necessary.

LYRICA: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epileptic Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20.

Decision rationale: Anti-epileptic medications are recommended for neuropathic pain (pain due to nerve damage. There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). This injured worker has chronic myofascial pain of her neck, right shoulder and bilateral upper and lower extremities but no diagnosis of post herpetic neuralgia or polyneuropathy. The records do not support the prescribing of Phenobarbital and thus the request is not medically necessary.