MAXIMUS Federal Services

Case Number:	CM14-0121778		
Date Assigned:	08/06/2014	Date of Injury:	11/21/2007
Decision Date:	09/15/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/01/2014

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 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:

The injured worker is a 49-year-old female who reported an injury 11/21/2007. The mechanism of injury was not provided within the medical records. The clinical note dated 07/15/2014, indicated diagnoses of recurrent neck pain and associated headaches with cervical radiculopathy to right upper extremity with evidence of 4 mm disc protrusion at C3-4 and 2 mm disc protrusion at C5-6 and C6-7 based on MRI dated 02/07/2008. Left occipital neuralgia with history of great occipital nerve block with improvement of symptoms. Cervicogenic headaches, right shoulder pain status post arthroscopic dated 07/01/2009, and subsequent redo surgery 07/13/2011. Lumbar spine strain with 2 mm far lateral intraforaminal disc protrusion at L3-4, 2 mm to 3 mm far lateral intraforaminal disc protrusion at L4-5 and 3 mm to 5 mm central disc protrusion at L5-S1 with annular tear and disc material contacting the S1 nerve roots bilaterally, left greater than right per MRI dated 08/17/2010. Right lower extremity radicular symptoms. Anxiety and depression secondary to chronic pain. Persistent De Quervain's disease right wrist with history of De Quervain's release bilaterally 2008. The injured worker reported right sided low back pain and right lower extremity pain. The injured worker reported left sided posterior headaches and described hot, burning pain that radiated down the posterolateral aspect of the right lower extremity to the foot. The injured worker experienced postoperative pain in the right distal upper extremity that followed surgery dated 07/11/2014. The injured worker reported depression, but also reported benefit from the use of Lexapro. The injured worker reported gastritis and dyspepsia that improved dramatically with the use of omeprazole. The injured worker reported depression was managed with treatment. The injured worker reported the use of Norco benefited for breakthrough pain; however, the injured worker reported itching, which she used hydroxyzine as needed to counteract the symptoms. The injured worker reported she continued gabapentin for neuropathic pain and Lunesta for insomnia due to pain. The injured worker

reported Mobic for anti-inflammatory with omeprazole for GI and GI protection from NSAIDs, in addition to Lexapro for depression due to pain, as recommended by psychologist. The injured worker reported her pain was rated at 5/10 with the use of current medication. Without medication she rated her pain 10/10. The injured worker reported 50% improvement in her pain symptoms and she reported 50% improvement in function. The injured worker reported significant radicular symptoms in the left upper extremity and improvement in function included improved ability to participate in activities of daily living, as well as improved quality of life. The injured worker reported she was able to participate in activities of daily living, such as light housekeeping, cooking, shopping, grocery and self care. The injured worker reported without medication, she felt she was primarily confined to a chair or bed. The injured worker denied any significant intolerable side effects from her medication. The injured worker reported she continued to stay within prescription guidelines and had a signed opiate agreement and had been compliant with those terms. A urine toxicology screen demonstrated compliance with current medication regimen and there was no evidence of drug seeking behavior. On physical examination of the cervical spine, the injured worker had significant cervical paraspinous tenderness with 1+ palpable muscle spasms along the cervical paraspinous muscle and a positive twitch response. The injured worker's cervical spine range of motion was decreased. The injured worker's upper extremity exam revealed the injured worker had a right arm in a sling with a support over her right wrist and forearm. The injured worker had tenderness over the base of the thumb and extensor tendon with discomfort with abduction and adduction of the thumb with decreased grip strength. The injured worker had hypesthesia in the left C5 and C6 dermatomes. Exam of the lumbar spine revealed moderate lumbar paraspinous tenderness from L3-S1 with mild spasms. Lumbar spine range of motion revealed decreased range of motion and the injured worker had a positive straight leg raise on the right at 40 degrees and negative on the left. The injured worker had hypesthesia in the right L5 - S1 greater than L4 dermatome. The injured worker's treatment plan included continue Norco for breakthrough pain. The injured worker's prior treatments included diagnostic imaging, surgery and medication management. The injured worker's medication regimen included Norco, Lunesta, Mobic, Lexapro, gabapentin, hydroxyzine, omeprazole and Fioricet. The provider submitted a request for Lunesta. A Request for Authorization form was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2 mg #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), Pain (updated 06/10/14), 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, Insomnia treatment.

Decision rationale: The Official Disability Guidelines (ODG) recognizes Eszopicolone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. It is indicated the injured worker had been utilizing Lunesta for insomnia due to pain. However, there is lack of documentation of efficacy and functional improvement with the use of this medication. In addition, the injured worker has been utilizing this medication since at least 01/10/2014; this exceeds the guideline recommendations for short term use. In addition, the request does not indicate a frequency for this medication. Therefore, the request for Lunesta 2 mg 30 tablets is not medically necessary and appropriate.