

Case Number:	CM14-0166850		
Date Assigned:	10/14/2014	Date of Injury:	11/15/1991
Decision Date:	11/17/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/09/2014

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, has a subspecialty in 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:

The injured worker is a 61 year-old male with a date of injury of November 15, 1991. The patient's industrially related diagnoses include full thickness tear, right rotator cuff, with 5 mm spur at the acromioclavicular joint, status post right cuff repair 7/29/1995, musculoligamentous sprain of the lumbar spine, small disc protrusion at L4-5, and herniated disc cervical spine. The disputed issues are an MRI of the right shoulder without contrast and a prescription for Lunesta 1mg 2-3 tabs at bedtime qty #540 (#90 with 5 refills). A utilization review determination on 9/26/2014 had non-certified these requests. The stated rationale for the denial of the MRI of the right shoulder was: "Recent and old records available to this reviewer do not document a change in either subjective complaint or objective finding. This same request was denied in January of 2014 for lack of establishment of medical necessity. There has not been documented failure of conservative management." The stated rationale for the denial of Lunesta was: "Medical evidence-based guidelines do not support the use of this hypnotic sedative. RCT studies demonstrating safe long-term use are not available except from the manufacturer. Therefore the request was modified."

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 1 mg 2-3 tablets at bedtime quantity 540: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatments in workers compensation, 5th Edition, 2008 non-Benzodiazepine sedative-hypnotic

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

Decision rationale: In regard to Lunesta, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state that failure of sleep disturbances to resolve in 7 to 10 days may indicate a psychiatric or medical illness. In the medical records available for review, there are no subjective complaints of insomnia documented, no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, and no documentation indicating what behavioral treatments have been attempted for the condition of insomnia. Lastly, there is no diagnosis of insomnia. There is no indication that Lunesta is being used for short-term use as recommended by guidelines since the prescription was written for #90 with 5 refills. Based on the lack of documentation, the request for Lunesta is not medically necessary.

MRI right shoulder without contrast quantity 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Magnetic resonance imaging (MRI) Shoulder Chapter, Magnetic resonance imaging (MRI)

Decision rationale: In regard to the request for a right shoulder MRI without contrast, the Occupational Medicine Practice Guidelines state that more specialized imaging studies are not recommended during the 1st month to 6 weeks of activity limitation due to shoulder symptoms (except when a red flag is noted on history or examination). Cases of impingement syndrome are managed the same whether or not radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Guidelines go on to recommend imaging studies for physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. ODG recommends an MRI of the shoulder for subacute shoulder pain with suspicion of instability/labral tear or following acute shoulder trauma with suspicion of rotator cuff tear/impingement with normal plain film radiographs. Furthermore, the ODG states: "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology."

