

Case Number:	CM14-0053530		
Date Assigned:	07/07/2014	Date of Injury:	04/25/2003
Decision Date:	08/29/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/22/2014

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 Nevada. 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 53-year-old female was reportedly injured on April 25, 2003. The mechanism of injury was noted as cumulative trauma. The most recent progress note dated June 19, 2014, indicated that there were ongoing complaints of right upper extremity pain and sensitivity. Current medications included Lyrica, oxycodone and Cymbalta. These medications were stated to help reduce pain from 10/10 to 6/10 and allow the injured employee to perform activities of daily living. The physical examination demonstrated redness and modeling of the right hand. There was hypersensitivity throughout the right upper extremity. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included oral medications and a right wrist brace. A request had been made for Lunesta, carisoprodol and lorazepam and were determined not medically necessary in the pre-authorization process on April 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg qty: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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress - Eszopicolone (updated 6/12/14).

Decision rationale: Lunesta is a hypnotic medication intended for the use of insomnia. The California Medical Treatment Utilization Schedule guidelines recommend that treatment of insomnia be based on the etiology. Failure of a sleep disturbance to resolve in 7 to 10 days may indicate psychiatric and/or medical illness. The majority of studies involving insomnia treatment have only evaluated short-term treatment (less than 4 weeks). These medications are recommended for short-term use due to risk of tolerance, dependence, and adverse effects such as daytime drowsiness, amnesia, impaired cognition, and impaired psychomotor function. Considering this, this request for Lunesta is not medically necessary.

Carisoprodol 350mg qty:75: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009): Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: Carisoprodol is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbation of chronic low back pain. According to the most recent progress note, the injured employee did not have any complaints of acute exacerbation nor were there any spasms present on physical examination. For these reasons, this request for carisoprodol is not medically necessary.

Lorazepam 0.5mg qty:90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 24.

Decision rationale: Lorazepam is used for the treatment of anxiety disorders and panic disorders. This medication has a relatively high abuse potential. It is not recommended for long-term use because long-term efficacy is unproven. Tapering of this drug may take weeks to months. Most guidelines limit the use of this medication to 4 weeks. The record reflects that this medication is being prescribed for long term use. Additionally, there is no documentation of the injured employee has anxiety or panic disorder. Considering this, this request for lorazepam is not medically necessary.