

Case Number:	CM14-0071084		
Date Assigned:	07/14/2014	Date of Injury:	06/29/2004
Decision Date:	08/14/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/16/2014

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 Occupational 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:

According to the records made available for review, this is a 70-year-old male with a 6/29/04 date of injury. At the time (4/15/14) of request for authorization for Lunesta 3mg #30 and Methoderm gel 120gm #1, there is documentation of subjective (neck pain with radiation to the scapular area and intermittent tingling in the scapular and upper arm area and sleep difficulty due to neck pain) and objective (palpation shows slight to moderate paracervical muscle spasm bilaterally, cervical spine range of motion 80% of normal, 2/4 biceps, brachioradialis, triceps reflexes bilaterally, and 1/4 knee and ankle reflexes bilaterally) findings, current diagnoses (cervical strain with abnormal MRI and CT scan of the cervical spine with spinal stenosis and secondary insomnia due to chronic pain), and treatment to date (medications (including ongoing treatment with Lunesta since at least 1/15/14)). Regarding Lunesta, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Lunesta use to date. Regarding Methoderm gel, there is no documentation that trial of antidepressants and anticonvulsants have failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg #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), Insomnia treatment, Eszopicolone (Lunesta).

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 Chapter, Insomnia treatment.

Decision rationale: The MTUS does not address this issue. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The ODG states non-benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists) are first-line medications for insomnia which includes eszopicolone (Lunesta). In addition, ODG identifies that Lunesta is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. Within the medical information available for review, there is documentation of diagnoses of cervical strain with abnormal MRI and CT scan of the cervical spine with spinal stenosis and secondary insomnia due to chronic pain. In addition, there is documentation of insomnia. However, given documentation of ongoing treatment with Lunesta since at least 1/15/14, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Lunesta use to date. Therefore, based on guidelines and a review of the evidence, the request for Lunesta 3mg #30 is not medically necessary.

Menthoderm gel 120gm #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation <http://www.drugs.com/cdi/mentoderm-cream.html>

Decision rationale: Medical Treatment Guideline identifies Mentoderm cream as a topical analgesic containing Methyl Salicylate and Menthol. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain when trial of antidepressants and anticonvulsants have failed, as criteria necessary to support the medical necessity of topical analgesics. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical strain with abnormal MRI and CT scan of the cervical spine with spinal stenosis and secondary insomnia due to chronic pain. In addition, there is documentation of neuropathic pain. However, there is no documentation that trial of antidepressants and

anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Methoderm gel 120gm #1 is not medically necessary.