MAXIMUS Federal Services

Case Number:	CM14-0090768		
Date Assigned:	07/25/2014	Date of Injury:	08/19/2009
Decision Date:	09/29/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/17/2014

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 records presented for review indicate that this 68 year-old individual was reportedly injured on August 19, 2009. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 24, 2014, indicates that there are ongoing complaints of right shoulder pain. There was stated to be nocturnal pain helped with Lunesta. The physical examination demonstrated full range of motion of the right shoulder and pain with Neer's testing. A request had been made for Lunesta and a chiropractic consult and was not certified in the pre-authorization process on May 29, 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 Refills 3: Upheld

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

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

Decision rationale: The Official Disability 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). Medications such as Lunesta 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. The record does evidence ongoing use of insomnia medication without documentation of insomnia. There was only mention of nocturnal pain. For these reasons, this request for Lunesta is not medically necessary.

Chiropractic consult (unspecified body part): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -TWC - ODG Treatment Integrated Treatment/Disability Duration Guidelines; Shoulder (Acute & Chronic): Manipulation Therapy - (updated 08/27/14).

Decision rationale: This request for a chiropractic consult does not specify whether it is to be for the injured employee's low back, ankle/foot, or shoulder. However, as the most recent progress note addresses the shoulder, it is stated that the Official Disability Guidelines supports 9 visits of chiropractic treatment for shoulder strains and sprains, in conjunction with a physical rehabilitation program. A review of the medical records reveals a diagnosis of shoulder arthralgia; however, fails to document an ongoing rehabilitation program or physical therapy. As such, this request for a chiropractic consult is not medically necessary.