

Case Number:	CM14-0096648		
Date Assigned:	07/28/2014	Date of Injury:	03/19/2001
Decision Date:	09/24/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/24/2014

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 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 50-year-old female who was reportedly injured on March 19, 2001. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated May 8, 2014, indicates that there are ongoing complaints of low back pain. Current medications include Nucynta, Flexeril, Paxil, and Terocin patches. The physical examination demonstrated tenderness over the trapezius muscles and the left occipital nerve. Trigger point injections were provided at the sites on this date. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a lumbar spine epidural steroid injection a request had been made for a lumbar spine spinal cord stimulator trial and Eszopiclone and was denied in the pre-authorization process on May 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Spinal Cord Stimulator Trial, Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105.

Decision rationale: The Expert Reviewer's decision rationale: The California Chronic Pain Medical Treatment Guidelines recommend the use of a spinal cord stimulator only for selected patients in case where less invasive procedures have failed or are contraindicated. The progress note dated May 8, 2014, by the requesting provider clearly states that the injured employee had received a recent lumbar spine epidural steroid injection, which resulted in a very successful outcome with decreased low back pain and a near complete resolution of the injured employee's previous radicular pain. As such, this request for a spinal cord stimulator trial for the lumbar spine is not medically necessary.

1 Prescription for Eszopiclone: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

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 - Eszopiclone (updated 6/12/14).

Decision rationale: The Expert Reviewer's decision rationale: Eszopiclone is a hypnotic medication used to treat insomnia. This medication is recommended for short-term use due to the risk of tolerance, dependence, and adverse effects. The attached medical record indicates that this medication has been prescribed for a prolonged period. Considering this, the request for Eszopiclone is not medically necessary.