

Case Number:	CM14-0186862		
Date Assigned:	11/14/2014	Date of Injury:	04/30/1999
Decision Date:	01/23/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/10/2014

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:

This is a 62-year-old female with a 4/30/99 date of injury. According to a progress report dated 10/21/14, the patient presented with increased bilateral neck pain and left upper extremity pain associated with shooting pain in her left arm. She rated her present pain as a 7/10. Objective findings: numbness and tingling in the bilateral upper extremities noted spasms of neck, loss of motor control of upper extremities. Diagnostic impression: psychalgia, meralgia paresthetica, degeneration of cervical intervertebral disc, cervical post-laminectomy syndrome, psychophysiological disorder, depressive disorder. Treatment to date: medication management, activity modification, and ESI. A UR decision dated 10/28/14 modified the requests for Lunesta and Baclofen to certify a one-month supply for weaning purposes. Regarding Lunesta, the guidelines do not encourage long-term use of pharmacological agents for insomnia. Regarding baclofen, a specific rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2 mg # 20: 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) Pain Chapter - Lunesta

Decision rationale: CA MTUS does not address this issue. ODG states Eszopicolone (Lunesta) is a non-benzodiazepine sedative-hypnotic (benzodiazepine-receptor agonist) and is a first-line medication for insomnia; it is a schedule IV controlled substance that has potential for abuse and dependency; side effects: dry mouth, unpleasant taste, drowsiness, dizziness; sleep-related activities such as driving, eating, cooking and phone calling have occurred; and withdrawal may occur with abrupt discontinuation. However, in the present case, it is noted that this patient has been taking Lunesta since at least 3/4/14. Guidelines do not support the long-term use of medications to treat insomnia. In addition, there is no documentation that the provider has addressed non-pharmacologic methods for sleep disturbances, such as proper sleep hygiene. Therefore, the request for Lunesta 2 mg # 20 is not medically necessary.

Baclofen 10 mg # 30, five refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. However, according to the records provided for review, this patient has been taking baclofen since at least 1/31/13, if not earlier. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient has had an acute exacerbation to his pain. Therefore, the request for Baclofen 10mg # 30, five refills is not medically necessary.