MAXIMUS Federal Services

Case Number:	CM14-0190051		
Date Assigned:	11/21/2014	Date of Injury:	11/30/2002
Decision Date:	01/09/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/14/2014

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, has a subspecialty in Pain Management 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 female patient with the date of injury of November 30, 2002. A Utilization Review dated November 4, 2014 recommended modification of 1 prescription of Lunesta 3mg #30 with 2 refills to 1 prescription of Lunesta 3mg, #30 with 30 refills and denial of 8 acupuncture sessions. A Progress Report dated October 27, 2014 identifies Subjective findings of swelling in her lower extremities and weakness in her left leg. The patient relies on acupuncture to help manage her pain. The patient notes at least 60% reduction in her pain and spasm following each session of acupuncture, which gradually seems to wear off over the next 2-3 days. She is more functional with activities of daily living with the acupuncture treatment. The patient is currently averaging 4-5 hours of sleep per night with the Lunesta although she estimates that she would average only about 2-3 hours of sleep a night without that medication. Objective findings identify tenderness to palpation noted at the lateral right thorax. Tenderness to palpation throughout the cervical spine and bilateral cervical paraspinal regions. Range of motion of the cervical spine is moderately reduced in all planes except for extension, which is severely reduced. 1-2+ edema in her lower extremities. 4-/5 left ankle dorsiflexion and left long toe extension. Assessment identifies thoracic outlet syndrome, status post right first rib resection with middle and anterior scalenectomy with neurolysis of right C5-T1, complicated by phrenic nerve traction paresis; significant deconditioning secondary to severe dyspnea, status post right lung decortication on 10/15/04; pain-related insomnia; obesity; pain-related depression; cervicogenic migraine headaches; and recent cervical strain. Treatment Plan identifies continuation with current medication regimen and eight additional sessions of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg quantity 30 with 2 refills: 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), Pain (Chronic)

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, Sleep Medication, Insomnia treatment

Decision rationale: Regarding the request for Lunesta, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring and no statement indicating what behavioral treatments have been attempted for the condition of insomnia. In addition, there is no indication that Lunesta is being used for short term use as recommended by guidelines. In the absence of such documentation, the currently requested Lunesta is not medically necessary.

Acupuncture, 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Acupuncture

Decision rationale: Regarding the request for acupuncture, 8 sessions, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions... and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it is unclear what current concurrent rehabilitative exercises will be used alongside the requested acupuncture. Acupuncture is noted to decrease pain; however, the statement "she is more functional with activities of daily living" is rather vague and does not reflect a clinically significant improvement in activities of daily living. As such, the currently requested acupuncture, 8 sessions is not medically necessary.