

Case Number:	CM14-0190951		
Date Assigned:	11/24/2014	Date of Injury:	08/18/2009
Decision Date:	01/09/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/17/2014

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 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 individual is a 59 year old female who has developed chronic low back pain subsequent to an injury dated 8/18/2009. She has been treated with a remote L5-S1 spinal fusion with subsequent hardware removal. More recently she underwent an epidural injection without benefit. Her low back pain is reported to be a steady 4/10 VAS score. Possible neurologic changes are documented, but her gait is reported to be normal. Current treatment consists of various oral medications that are office dispensed. Physical therapy has been recently approved. There is no detailed medical history regarding problems with insomnia i.e. for how long, what type (early, late?), effects on daytime functioning etc.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen 400 mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NSAIDs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NAIDS and chronic low back pain Page(s): 68.

Decision rationale: MTUS Guidelines do not recommend the long-term daily use of NSAID medications for chronic low back pain. Short-term use for acute flare-ups is supported, but that

does not appear to be the intent of recommended use with the amounts dispensed. The Nalfon 400 mg #120 is not medically necessary.

Eszopicone 1 mg #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Insomnia Treatment

Decision rationale: MTUS Guidelines do not address the issue of long-term hypnotic medication use. ODG Guidelines address this issue in detail and allow for reasonable use of hypnotics if there is an adequate medical evaluation regarding the characteristics of the insomnia. The type of insomnia can affect the dose and choice of medication utilized. Without a reasonable medical evaluation, the use of Lunesta 1 mg #30 is not guideline supported and is not medically necessary.