

Case Number:	CM15-0101053		
Date Assigned:	06/03/2015	Date of Injury:	12/16/2006
Decision Date:	07/14/2015	UR Denial Date:	05/24/2015
Priority:	Standard	Application Received:	05/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 61 year old male who sustained an industrial injury on 12/16/2006. Mechanism of injury was not documented. Diagnoses include lumbar degenerative disc disease, poor coping, Hepatitis C (non- industrial), depression, and anxiety. Treatment to date has included diagnostic studies, medications, lumbar facet injections, Transcutaneous Electrical Nerve Stimulation unit, heat, and home exercises. Medications include Lunesta, Naproxen, Lidoderm patch, and LidoPro cream. A physician progress note dated 05/04/2015 documents the injured worker has continued pain in his low back with radiation to his right hip. Previously pain was radiating to his left hip. His medications are limited due to Hepatitis C. The treatment plan includes Tens patch, follow up physician visit, LidoPro Cream and Lidoderm Patch, encouraged home exercises and use of Transcutaneous Electrical Nerve Stimulation unit. Treatment requested is for Retrospective Eszopiclone 2 mg #30, and Retrospective Naproxen 550 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Eszopiclone 2 mg #30: 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/Insomnia Treatment.

Decision rationale: ODG recommends pharmacological treatment of insomnia only after careful evaluation of the cause of insomnia and for short durations. The records do not document such detail regarding the indication for this treatment or effectiveness or past evaluation as to the cause of insomnia. The request is not medically necessary.

Retrospective Naproxen 550 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories Page(s): 22.

Decision rationale: MTUS recommends NSAIDs as a first-line drug class for chronic musculoskeletal pain. A prior physician review noted that there is no documentation of objective functional benefit from NSAID treatment. However, MTUS supports NSAIDs based on either subjective benefit/pain reduction or functional improvement. The request is medically necessary.