

Case Number:	CM15-0103577		
Date Assigned:	06/08/2015	Date of Injury:	02/15/2006
Decision Date:	07/09/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	05/29/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 48 year old, male who sustained a work related injury on 2/15/06. The diagnoses have included lumbar spinal stenosis, lumbar disc degeneration, lumbar disc displacement without myelopathy, cervical disc displacement without myelopathy, and pain in joint lower leg. Treatments have included medications, a home exercise program, lumbar spine fusion surgery, lumbar epidural injections, lumbar medial facet blocks, physical therapy and right knee surgery. In the PR-2 dated 5/5/15, the injured worker complains of chronic neck, low back and right knee pain. He reports gradual worsening of right knee pain. He rates his pain level a 5-6/10. He has tenderness to palpation of anterior right knee joint. He has full range of motion in right knee. He is able to work part time as a janitor. The treatment plan includes prescription refills for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zalepion 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS guidelines do not address the use of Zaleplon for insomnia. Per ODG, primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. There are four main categories of pharmacologic treatment: (1) Benzodiazepines; (2) Non-benzodiazepines; (3) Melatonin & melatonin receptor agonists; & (4) Over-the-counter medications. The majority of studies have only evaluated short-term treatment (i.e., 4 weeks) of insomnia; therefore more studies are necessary to evaluate the efficacy and safety of treatments for long-term treatment of insomnia. Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists) are considered first-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Although direct comparisons between benzodiazepines and the non-benzodiazepine hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. Zaleplon (Sonata) reduces sleep latency. Side effects: headache, drowsiness, dizziness, fatigue, confusion, abnormal thinking. Sleep-related activities have also been noted such as driving, cooking, eating and making phone calls. Abrupt discontinuation may lead to withdrawal. Withdrawal may occur with abrupt discontinuation. Dosing: 1-2 mg for difficulty falling asleep; 2-3 mg for sleep maintenance. The drug has a rapid onset of action. The guidelines recommend only short term use of insomnia medications. The injured worker has been prescribed Zaleplon for an extended period of time and the available documentation does not provide evidence of addressing the specific components of insomnia such as sleep onset, sleep maintenance, sleep quality; & next-day functioning. The request for Zaleplon 10mg #30 is determined to not be medically necessary.

Lyrica 25mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Section Page(s): 16-20.

Decision rationale: The MTUS Guidelines recommend the use of Lyrica for the treatment of diabetic neuropathy and postherpetic neuralgia. Antiepileptic drugs are recommended for the treatment of neuropathic pain. The injured worker does not appear to have neuropathic pain based on the clinical reports, and there is not sufficient reasoning provided by the requesting provider on why Lyrica should be considered necessary. An EMG study performed in 2007 revealed no evidence of lumbar radiculopathy. The request for Lyrica 25mg #30 is determined to not be medically necessary.