

Case Number:	CM15-0105655		
Date Assigned:	06/10/2015	Date of Injury:	08/12/2011
Decision Date:	08/25/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/01/2015

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 40 year old female, who sustained an industrial injury on August 12, 2011, incurring ankle injuries and upper and lower back injuries. She was diagnosed with a right ankle sprain and lumbar and cervical disc disease. Treatment included physical therapy, home exercise program, acupuncture, lumbar epidural steroid injection, transcutaneous electrical stimulation unit, pain medications, neuropathic medications, topical analgesic patches, anti-inflammatory drugs, and a spinal cord stimulator. Currently, the injured worker complained of intermittent neck pain that radiates down both arms with tingling and numbness down into the hands and fingers. She complained of severe muscle spasms in her neck. The pain is aggravated by activity, flexion extension, pulling pushing and repetitive head motion. It was noted the injured worker had difficulty sleeping secondary to the neck pain. She complained of frequent lower back pain radiating down both lower extremities with numbness and tingling throughout the legs. She was diagnosed with reflex sympathetic dystrophy and bilateral lower extremity complex regional pain syndrome. The treatment plan that was requested for authorization included prescriptions for Eszopiclone, Flector patches and Baclofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopiclone 3mg #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, Pain Chapter, Mental Illness & Stress 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 Chapter/Insomnia Treatment Section.

Decision rationale: The MTUS Guidelines do not address pharmacologic sleep aids. Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically whereas secondary insomnia may be treated with pharmacological and/or psychological measures. Eszopicolone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. It is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. A randomized, double blind, controlled clinical trial with 830 primary insomnia patients reported significant improvement in the treatment group when compared to the control group for sleep latency, wake after sleep onset, and total sleep time over a 6-month period. Side effects: dry mouth, unpleasant taste, drowsiness, dizziness. Sleep-related activities such as driving, eating, cooking and phone calling have occurred. Withdrawal may occur with abrupt discontinuation. In this case, there is no documentation that prior use of Lunesta has aided the injured worker with her sleep, therefore, the request for Eszopicolone 3mg #30 is determined to not be medically necessary.

Flector 1.3% patch #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs) topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section, Topical Analgesics Section Page(s): 67-73, 111-113.

Decision rationale: The Flector Patch is a topical analgesic containing diclofenac epolamine. The MTUS Guidelines recommend the use of NSAIDs for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Topical NSAIDs have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. Diclofenac is supported for knee pain. In this case, the injured worker was also using Mobic and the area of application of the flector patch is not identified, therefore, the request for Flector 1.3% patch #60 is determined to not be medically necessary.

Baclofen 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 23, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Section, Weaning of Medications Section Page(s): 63, 64, 124.

Decision rationale: Non-sedating muscle relaxants (for pain) are recommended by the MTUS Guidelines with caution for short periods for treatment of acute exacerbations of chronic low back pain, but not for chronic or extended use. In most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Baclofen is among the muscle relaxant medications with the most limited published evidence in terms of clinical effectiveness. Sedation, dizziness, weakness, hypotension, nausea, respiratory depression and constipation are commonly reported side effects with the use of Baclofen. Baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. In this case, the injured worker is being treated for chronic pain and there is no indication of an acute exacerbation of pain. The request for Baclofen 10mg #90 is determined to not be medically necessary.