

Case Number:	CM15-0107143		
Date Assigned:	06/12/2015	Date of Injury:	07/21/1995
Decision Date:	07/14/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/03/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This 55 year old male sustained an industrial injury to the back on 7/21/95. Previous treatment included lumbar fusion times two, physical therapy, spinal cord stimulator and medications. Magnetic resonance imaging lumbar spine (3/19/13) showed solid fusion with mild degenerative disc disease, facet hypertrophy and annular bulge. In a PR-2 dated 5/7/15, the injured worker complained of low back pain rated 7/10 on the visual analog scale with radiation to bilateral legs. The injured worker complained of increasing abdominal pain as well as decreased function and increased pain over the past month. The injured worker reported that his pain improved with recent physical therapy and that sleep improved with increased activity level. The injured worker stated that he got five hours of uninterrupted sleep with Lunesta versus one to two hours of fragmented sleep without. The injured worker had been taking Lunesta for four years. The injured worker reported that Hytrin helped with side effects of sweating due to the pain medications. Physical exam was remarkable for lumbar spine with restricted and painful range of motion, tenderness to palpation to the paraspinal musculature and sacroiliac spine with a tight muscle band bilaterally, positive bilateral lumbar facet loading, positive bilateral straight leg raise and decreased lower extremity motor strength, reflexes and sensation. The treatment plan included continuing physical therapy and medications (Hytrin, Omeprazole, Lunesta, Cyclobenzaprine, Lyrica, Duragesic and Norco).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 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 (ODG), Pain, Insomnia treatment.

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

Decision rationale: Pursuant to the Official Disability Guidelines, Eszopicolone (Lunesta) 3 mg #30 with no refills is not medically necessary. Lunesta is not recommended for long-term use, but recommended for short-term use. The guidelines recommend limiting hypnotics to three weeks maximum in the first two months of injury only. Pain specialists rarely, if ever, recommend them for long-term use. They can be habit forming and may impair function and memory more than opiate pain relievers. See the guidelines for additional details. In this case, the injured worker's working diagnoses are spinal/lumbar DDD; post lumbar laminectomy syndrome; piriformis syndrome; and lumbar radiculopathy. Documentation from a December 18, 2014 progress note shows the injured worker had poor sleep quality. The documentation does not state the specific number of hours. Treating provider started Lunesta at that time. A follow same up progress note dated May 7, 2015 states the injured worker was sleeping five hours per night and was still taking Lunesta 3 mg. Lunesta is not recommended for long-term use. The guidelines recommend limiting hypnotics to three weeks maximum in the first two months of injury only. Pain specialists rarely, if ever, recommend them for long-term use. There is no clinical rationale in the medical record to support the long-term use of Lunesta. Consequently, absent guideline recommendations for long-term use of Lunesta, Eszopicolone (Lunesta) 3 mg #30 with no refills is not medically necessary.

Hytrin 5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cheshire, WP and Fealay, RD. Drug-Induced Hyperhidrosis and Hypohidrosis: Incidence, Prevention, and Management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a693046.html>.

Decision rationale: Pursuant to Medline plus, Hytrin 5 mg #30 is not medically necessary. Terazosin is used in men to treat the symptoms of an enlarged prostate (benign prostatic hyperplasia or BPH), which include difficulty urinating (hesitation, dribbling, weak stream, and incomplete bladder emptying), painful urination, and urinary frequency and urgency. It also is used alone or in combination with other medications to treat high blood pressure. Terazosin is in a class of medications called alpha-blockers. It relieves the symptoms of BPH by relaxing the

muscles of the bladder and prostate. It lowers blood pressure by relaxing the blood vessels so that blood can flow more easily through the body. In this case, the injured worker's working diagnoses are spinal/lumbar DDD; post lumbar laminectomy syndrome; piriformis syndrome; and lumbar radiculopathy. The documentation indicates the injured worker was prescribed Hytrin for hyperhidrosis. Hytrin was prescribed as far back as December 18, 2014 and provided relief. However, there is insufficient high quality evidence to support the use of Hytrin (Terazosin) for opiate induced hyperhidrosis. Consequently, absent guideline recommendations with evidentiary support, Hytrin 5 mg #30 is not medically necessary.