MAXIMUS Federal Services

Case Number:	CM15-0136089		
Date Assigned:	07/24/2015	Date of Injury:	02/09/2013
Decision Date:	09/23/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/14/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 41 year old male who sustained an industrial injury on 02/09/2013. According to an agreed medical evaluation report dated 01/23/2015, the injured worker reported that overall since last seen, his cervical spine, lumbar spine and left knee were worse. The provider noted that the injured worker did have a lumbar spine epidural injection, which did not help at all. On 03/04/2015, the insomnia severity index was administered. It was determined based on scoring that the injured worker had severe clinical insomnia. On 05/27/2015, the injured worker complained of low back pain. Pain radiated down the bilateral lower extremities and to the bilateral feet. Pain was accompanied by numbness constantly in the bilateral lower extremities and tingling and muscle weakness frequently in the bilateral lower extremities. Pain was rated 8 on a scale of 1-10 on average with medications and 10 without medications since the last visit. Pain was reported as unchanged. The injured worker reported ongoing activity of daily living limitations with self-care & hygiene, activity, ambulation, hand function, sleep and sex due to pain. Interference with activities of daily living due to pain over the past month was rated 9 on a scale of 1-10 where 0 is no interference and 10 is unable to carry on any activities. The injured worker was status post transforaminal epidural steroid injection bilateral L4-S1 on 04/15/2014. Post procedure the injured worker reported no overall improvement (less than 5%). The injured worker was sleeping much better with Lunesta. The provider noted under interval history that the use of current opioid pain, sleep aid medications and T #4 not effective was helpful. Areas of functional improvement as a result of therapy included bathing, cleaning, cooking, hobbies, laundry, dressing, gardening, shopping, sitting, sleep, sleeping in bed,

standing, standing in line, traveling, typing shoes, vacuuming, walking in neighborhood and washing dishes. Quality of life had been improved as a result of the "above treatment". Diagnoses included cervical radiculitis, cervical radiculopathy, lumbar facet arthropathy, lumbar radiculitis, lumbar radiculopathy and left knee pain. CUREs report was consistent. Medications tried and failed in the past included Butrans patch, Flexeril, Ibuprofen and Tramadol. The injured worker was currently not working. The provider requested a repeat diagnostic bilateral L5-S1 lumbar interlaminar epidural steroid injection using fluoroscopy. The injured worker was noted to be in the diagnostic phase of receiving epidural steroid injections. It was hoped that the procedure repeated at a new level and/or different approach would effectively target the suspected pain generator. The treatment plan included Hydrocodone/APAP 10/325 mg 1 every 8 as needed # 75 (first prescription for #45 and second for #30 and Eszopiclone 3 mg #30 one by mouth once a day #30. Currently under review is the request for bilateral L5-S1 interlaminar epidural under fluoroscopy quantity 1, Norco 10/325 mg quantity 30 and Eszopiclone 3 mg quantity 30. Documents dating back to 01/07/2015 show that the injured worker has been prescribed Hydrocodone-acetaminophen 10-325 mg 1 by mouth every 8 hours as needed for pain #75 consistently since that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 interlaminar epidural under fluoroscopy, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESI) Page(s): 46.

Decision rationale: CA MTUS states that ESI are recommended as an option for treatment of radicular pain. In this case, a bilateral Transforaminal ESI was performed at L4-L5 and L5-S1 on 4/15/2014, which provided no significant improvement. The relief was described as "limited," (less than 5%). MTUS Guidelines state that if no significant benefit results from one ESI, a second diagnostic block is not supported. In this case, the request is for an interlaminar approach, which results is less medication getting to the nerve root and areas of associated inflammation. Therefore, it is less likely to as effective as the previous ESI. Therefore, the request is not medically necessary.

Norco 10/325mg, QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain; Weaning of Medications Page(s): 78, 80, 81, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: Continued use of opiates for chronic musculoskeletal and neuropathic pain is not supported by guidelines unless a significant amount of pain relief is documented, there is an improvement in functional capacity and the patient is able to return to work. In this case, the patient has been on continuous Norco since 01/07/2015 without evidence of significant pain relief and improvement in functional capacity. Pain relief has been quantified as 8/10 with medications and 10/10 without medications, demonstrating a lack of efficacy of Norco. There is also a lack of documentation of functional improvement. Therefore, the continued use of Norco is not supported by guidelines and the request is not medically necessary.

Eszopiclone 3mg, QTY: 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), Mental Illness and Stress Chapter, Non-Benzodiazepine sedative-hypnotics.

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).

Decision rationale: CA MTUS does not specifically address Eszpiclone (Lunesta). ODG states that Lunesta is a non-benzodiazepine sedative-hypnotic that is used as a first-line medication for insomnia. Guidelines state that pharmocologic agents should only be used for insomnia treatment after careful evaluation of sleep disturbance. In this case, the patient has been using Lunesta for greater than the recommended 2-3 weeks. In this case, there is no documentation of an evaluation for potential causes of sleep disturbance. There is no evidence regarding the patient's sleep hygiene and no discussion of the patient's response to Lunesta. Therefore, the request is not medically necessary.