

Case Number:	CM15-0137192		
Date Assigned:	07/27/2015	Date of Injury:	03/20/2012
Decision Date:	09/22/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/15/2015

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 35 year old female, who sustained an industrial injury on 3/20/2012. She reported repetitive use injury to the neck, upper back, right shoulder, right arm, right elbow, right wrist and hand. The injured worker was diagnosed as having cervicalgia, disorders of bursae and tendons in the shoulder region, cervical spondylosis without myelopathy, and cervical intervertebral disc displacement without myelopathy. Treatment to date has included medications, physical therapy, acupuncture, and chiropractic treatment, cervical epidural steroid injections, cervical branch blocks, and cervical rhizotomies. The request is for Lunesta, and Gabapentin. On 1/14/2015, she complained of pain in the neck, upper back, and right shoulder with radiation into the right arm, elbow, wrist and hand. She also complained of mid and low back pain. She reported associated numbness, tingling and weakness in the right hand. She rated her pain a 6-7/10. She described the pain as electric like and burning with pins and needles sensation. The treatment plan included: functional restoration program. A psychological evaluation report on this date indicated she had poor sleep, increased appetite, diminished motivation and memory, feelings of frustration and anxiety. On 2/27/2015, she is noted to be in her first week of functional restoration program. She complained of neck, upper back, and right shoulder pain with radiation down to the hand. She rated the pain 6-7/10. On 4/3/2015, a functional restoration discharge summary indicated she does not take opiates; her progress in the program had been fair. She reported not wanting to increase her functional numbers over 8 pounds in physical therapy and gym, and would express anger toward staff when they attempted to help her use other program concepts to become stronger and become more functional. On

5/11/2015, she reported not finishing her functional restoration program due to back pain. On 6/9/2015, she reported not finishing her functional restoration program. She left 2 weeks early due to back pain. She indicated she cannot do stretches due to pain and she gets headaches daily. She reported running out of Lunesta, and her anxiety due to sleep loss is profound. She has tenderness over the right shoulder, and lateral epicondyle with a positive Tinel's sign noted on the right. She is placed on modified duty. The treatment plan included: Lunesta, and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg q HS #30 (Eszopiclone): 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 health and stress, 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 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. Eszopiclone (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 of the efficacy of this medication with prior use. The medical records do not address the timeline of the insomnia or evaluation for the causes of the insomnia. Additionally, the medical records do not indicate that non-pharmacological modalities such as cognitive behavioral therapy or addressing sleep hygiene practices prior to utilizing a pharmacological sleep aid. The request for Lunesta 3mg q HS #30 (Eszopiclone) is determined to not be medically necessary.

Gabapentin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDs) Section Page(s): 16-21.

Decision rationale: The MTUS Guidelines recommend the use of anti-epilepsy drugs for neuropathic pain. Most randomized controlled trials for the use of anti-epilepsy drugs for neuropathic pain have been directed at post herpetic neuralgia and painful polyneuropathy, with polyneuropathy being the most common example. There are few RCTs directed at central pain, and none for painful radiculopathy. A good response to the use of anti-epilepsy drugs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response to this magnitude may be the trigger for switching to a different first line agent, or combination therapy if treatment with a single drug fails. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of anti-epilepsy drugs depends on improved outcomes versus tolerability of adverse effects. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first line treatment for neuropathic pain. The injured worker is reported to have continuing debilitating pain and no increase in function. She remains on modified duty. The request for Gabapentin 600mg #90 is determined to not be medically necessary.