

Case Number:	CM15-0146640		
Date Assigned:	08/10/2015	Date of Injury:	08/19/2014
Decision Date:	09/29/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/28/2015

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: Texas, New York, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of August 19, 2014. In a Utilization Review report dated July 15, 2015, the claims administrator failed to approve requests for Ultracet and Lunesta. A July 4, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On July 6, 2015, the applicant reported ongoing complaints of 6/10 right upper extremity pain. The applicant had received six recent acupuncture treatments, it was reported, along with a recent shoulder corticosteroid injection on May 7, 2015. The applicant was on Lunesta, Topamax, LidoPro, topical Terocin, Ultracet, and senna, it was reported. Multiple medications were refilled, including LidoPro, Terocin, senna, Ultracet, and Lunesta. The applicant was given a rather proscriptive 5-pound lifting limitation. Cervical epidural steroid injection and an orthopedic consultation were endorsed. The treating provider suggested (but did not clearly state) that the applicant's employer was unable to accommodate the rather proscriptive 5-pound lifting limitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5mg-325 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Ultracet, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the attending provider suggested (but did not clearly state) that the applicant was not working with a rather proscriptive 5-pound lifting limitation in place on July 6, 2015. While the attending provider stated that the applicant's medications were helping, these reports were, however, outweighed by the applicant's seeming failure to return to work and the attending provider's failure to identify meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Ultracet usage via his July 6, 2015 progress note. Therefore, the request was not medically necessary.

Eszopiclone 1mg #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): Eszopiclone (Lunesta).

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 & Stress, Eszopiclone (Lunesta).

Decision rationale: Similarly, the request for eszopiclone (Lunesta), a sedative agent, was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, ODGs Mental Illness and Stress Chapter Eszopiclone topic notes that Lunesta is not recommended for long-term use purposes but, rather, should be reserved for short-term use purposes. Here, the renewal request for Lunesta, thus, was at odds with the ODG position on the same. The attending provider failed to furnish a clear or compelling rationale for continued use of Lunesta in the face of the unfavorable ODG position on long-term usage of the same. Therefore, the request was not medically necessary.