

Case Number:	CM15-0160923		
Date Assigned:	08/31/2015	Date of Injury:	01/16/2008
Decision Date:	10/09/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/17/2015

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 66 year old female, who sustained an industrial injury on 1-16-2008. The current diagnoses are cervical pain, cervical facet syndrome, cervical radiculopathy, low back pain, and lumbar disc disorder. According to the progress report dated 7-13-2015, the injured worker reports weakness with increasing muscle spasms. The pain is unchanged since last visit. On a subjective pain scale, she rates her pain 7 out of 10 with medications and 10 out of 10 without. In addition, she reports insomnia related to pain. Per notes, she has failed sleep hygiene techniques, such as tea, no caffeine, and consistent bedtime. Her previous Ambien has been denied. The physical examination of the cervical spine reveals moderate lordosis, restricted and painful range of motion, and hypertonicity, tight muscle band, and trigger point was noted in the paravertebral muscles. Examination of the lumbar spine reveals tenderness and tight muscle band in the paravertebral muscles bilaterally. The current medications are Zoloft, Norco, Prevacid, and Lunesta. There is documentation of ongoing treatment with Zoloft and Lunesta since at least 11- 7-2014. Treatment to date has included medication management, TENS unit, and electrodiagnostic testing. Work status is described as permanent and stationary. A request for Zoloft and Lunesta has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zoloft 100mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: MTUS Guidelines support the use of antidepressants for chronic pain with neuropathic characteristics. This individual meets this Guideline criteria. She is diagnosed with radicular pain (radiculitis) even though she does not have an over radiculopathy. The pain is described as radiating into the scapular region and upper extremity, which qualifies as having a neuropathic component. The medication is reported to be beneficial enough that she attempts to pay for it herself when authorization is not forthcoming. Under these circumstances, the Zoloft 100mg #60 is medically necessary and supported by Guidelines.

Lunesta 3mg #50: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address this issue in detail and the updated versions supports the long-term use of hypnotic medications when insomnia is related to a chronic pain disorder. Long-term cognitive therapy for sleep is another option, but this has not been attempted and/or authorized. The use of Lunesta as a long-term hypnotic medication is supported by Guidelines and is medically necessary.