

Case Number:	CM15-0168402		
Date Assigned:	09/09/2015	Date of Injury:	10/23/2001
Decision Date:	10/08/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/26/2015

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: Physical Medicine & Rehabilitation

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 58-year-old female who sustained an industrial injury on 10-23-01. A review of the medical records indicates that the injured worker is undergoing treatment for reflex sympathetic dystrophy of the lower limb, long-term use of medications, and psychogenic pain. The medical records (1-22-15 to 7-28-15) indicate complaints of chronic neck, back, and bilateral lower extremity pain, as well as depression (5-7-15). The treating provider indicates a history of psychiatric disease on 5-7-15. The records indicated that she was prescribed Lunesta in the time period between 1-22-15 and 5-8-15. However, the exact date of the prescription is unavailable for review. The dosage of Lunesta was increased from 1mg at bedtime to 2mg at bedtime on 5-8-15. The treating provider indicated on physical exam that the injured worker was "anxious, in pain, and tearful". Her Lyrica dosage was increased to help with the continued pain (5-27-15). She has remained "permanent and stationary" throughout the records reviewed. Treatment for her chronic pain has included oral and topical medications, a medically-supervised weight loss program, and six sessions of aquatic therapy. The request for authorization for Lunesta and follow-up visits with a psychologist is not available for review. The original utilization review (8-11-15) denied the Lunesta and psychologist follow-up visits. The review indicated the rationale as an "attached document". This attachment was not available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2mg, #30 (DOS: 06/24/2015): 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 Chapter - 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 & Stress Chapter under Eszopicolone (Lunesta).

Decision rationale: The current request is for Lunesta 2mg, #30 (DOS: 06/24/2015). Treatment for her chronic pain has included oral and topical medications, a medically-supervised weight loss program, and six sessions of aquatic therapy. The patient is permanent and stationary. ODG-TWC, Mental & Stress Chapter under Eszopicolone (Lunesta) states: "Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. The FDA has lowered the recommended starting dose of eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women." The request is for Lunesta 2mg DOS 06/24/15; however, there is no report provided from this date. Per report 05/27/15, the patient presents with chronic neck, back, and bilateral lower extremity pain, as well as depression. The patient reports disturbed sleep secondary to her pain. This is a request for a refill of Lunesta. The patient states that she was only sleeping 2-3 hours, and with Lunesta she is able to sleep 6-7 hours. The treater states that the patient does not show evidence of abuse or diversion, and no side effects are reported. Although, efficacy of this medication has been documented, the patient has been prescribed this medication since at least April 2015, and ODG recommends short-term use of up to 3 weeks. The request is not medically necessary.

Six (6) follow up visits with psychologist: 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): Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter, under Cognitive Therapy for Depression.

Decision rationale: The current request is for Six (6) follow up visits with psychologist. Treatment for her chronic pain has included oral and topical medications, a medically-supervised weight loss program, and six sessions of aquatic therapy. The patient is permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines, Behavioral Intervention section, page 23 states the following: "Recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence." Official Disability Guidelines, Mental Illness and Stress chapter, under Cognitive Therapy for Depression states the following: Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." Per report 05/27/15, the patient presents with chronic neck, back, and bilateral lower extremity pain. The patient reports disturbed sleep secondary to her pain. She also complains of anxiety, and

depression. The patient reports depression and anxiety, and ODG allows 13-20 psychotherapy sessions for major depression. There is no indication of prior psychotherapy treatments; therefore, the request is within guideline limits and prescribed in accordance to guidelines. The request is medically necessary.