

Case Number:	CM15-0189742		
Date Assigned:	10/01/2015	Date of Injury:	12/16/2013
Decision Date:	11/16/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/25/2015

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, Hawaii
 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 55 year old male, who sustained an industrial injury on 12-16-2013. The medical records submitted for this review did not include documentation regarding the initial injury or prior treatments to date. Diagnoses include cervicgia and Post Traumatic Headaches, Chronic pain syndrome, Degenerative disc cervical spine, cervical disc disease without myelopathy, muscle spasm, thoracic outlet syndrome, adjustment to disability with depression and anxiety. Currently, he complained of increased symptoms of depression. The provider documented he will restart psychological and psychophysiological monitoring. He reported Hysingla was more effecting for treating headaches more than Fioricet. The provider documented he would restart the Hysingla ER 40mg daily. Current medications listed included Celebrex, Hysingla, and Fioricet. The provider documented he was off the Celebrex and cannot take NSAIDS. A recent EMG-NCS was noted to be negative for cervical radiculopathy. On 8-12-15, the physical examination documented his affect was flat and mood was melancholy. There was occipital scalp tenderness with a positive left side Adson's test. The plan of care included Hysingla ER 30 mg once daily and [REDACTED] for adjustment to disability. The appeal requested authorization for Hysingla ER 40mg, one tablet daily, #30; Lunesta 3mg, one tablet before bed, #30; and Six (6) sessions with [REDACTED]. The Utilization Review dated 8-26-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions: Upheld

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): Introduction.

Decision rationale: The patient presents with pain affecting the cervical spine accompanied with increased symptoms of depression. The current request is for 6 sessions. The sole treating physician report provided for review dated 8/12/15 (19B) gives no rationale for the current request. MTUS states, "The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives." In this case, the current request does not specify what type of "sessions" are to be received by the patient and therefore it cannot be determined if it is supported by the MTUS guidelines. The current request is not medically necessary.

Hysingla ER 40mg 1 tab po qd #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) - Hysingla (hydrocodone).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The patient presents with pain affecting the cervical spine accompanied with increased symptoms of depression. The current request is for Hysingla ER 40mg 1 tab po qd #30. The sole treating physician report provided dated 8/12/15 (19B) notes that the patient is to continue Hysingla ER 30mg qd. The report goes on to state, "the Hysingla helps the headaches more than the Fioricet helps the headaches." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided show the patient has been taking Hysingla since at least 6/25/15 (19B). The report dated 8/12/15 (19B) does not note the patient's pain level. No adverse effects or adverse behavior were discussed by the patient. The patient's last urine drug screen was not available for review and there is no evidence provided that shows the physician has a signed pain agreement or cures report on file. In this case, all four of the required As are not addressed, the patient's pain level has not been monitored on each visit and functional

improvement has not been documented. The MTUS guidelines require much more documentation to recommend the continued use of Hysingla. The current request is not medically necessary.

Lunesta 3mg 1 tab po qhs #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Pain, Eszopicolone.

Decision rationale: The patient presents with pain affecting the cervical spine accompanied with increased symptoms of depression. The current request is for Lunesta 3mg 1 tab po qhs #30. The sole treating physician report provided for review dated 8/12/15 (19B) gives no rationale for the current request. The ODG guidelines state "Eszopicolone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. (Morin, 2007) 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." In this case, while the current request may be medically necessary, there is no discussion of this medication's efficacy in treating the patient's symptoms nor is there documentation of functional improvement. The MTUS guidelines page 60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The current request is not medically necessary.