

Case Number:	CM15-0192727		
Date Assigned:	10/07/2015	Date of Injury:	04/03/2006
Decision Date:	11/18/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/30/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 47 year old female, who sustained an industrial injury on 4-3-06. The injured worker was diagnosed as having bilateral L4-5 and L5-S1 radiculopathy with lower extremity weakness, central focal lumbar disc protrusions at L2-5, central lumbar annular disc bulge at L5-S1, sacroiliac joint pain, lumbar sprain and strain, and lumbar degenerative disc disease. Treatment to date has included bilateral sacroiliac joint injections, left sacroiliac joint radiofrequency nerve ablation, and medication including Ambien, Lidoderm patches, Lyrica, and Hydrocodone. Physical examination findings on 8-7-15 included restricted lumbar range of motion in all directions. Tenderness on palpation of bilateral sacroiliac joints was noted. Lumbar discogenic provocative maneuvers were positive. Sensation was decreased in the right L5 dermatome of the right leg. The treating physician noted "Lunesta is helping her sleep more." The injured worker had been taking Lunesta since at least July 2015 and Lyrica since at least January 2015. The injured worker's pain ratings were not noted in the submitted documentation. On 8-7-15, the injured worker complained of low back pain. On 8-21-15 the treating physician requested authorization for Lunesta 3mg #30 with 1 refill and Lyrica 75mg #30 with 2 refills. On 8-28-15 the requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg, #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Sleep aids.

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 treatments.

Decision rationale: The CA MTUS is silent on the use of Lunesta. ODG addresses insomnia treatments in the section on pain. ODG states that treatment should be based on the etiology of the insomnia. Pharmacologic agents should be used only after a careful investigation for cause of sleep disturbance. Primary insomnia should be treated with pharmacologic agents while secondary insomnia may be treated with pharmacologic and/or psychological measures. It is important to address all four components of sleep - sleep onset, sleep maintenance, sleep quality and next day function. Lunesta is recognized as the only benzodiazepine based sleep aid, which is FDA, approved for use greater than 35 days. In this case, the medical records do not detail any history of the insomnia or and does not detail specifics of sleep improvement with Lunesta. Therefore, there is no documentation of the medical necessity of treatment with Lunesta and the UR denial is upheld. The request is not medically necessary.

Lyrica 75mg #30, with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: CA MTUS states that there is insufficient evidence to argue for or against use of antiepileptic drugs in low back pain. Antiepileptic drugs are used first line for neuropathic pain. Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. This medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. There is no documentation of neuropathic pain and no clear documentation of response to treatment with Lyrica. Ongoing use of Lyrica is not medically necessary.