

Case Number:	CM15-0198345		
Date Assigned:	10/13/2015	Date of Injury:	09/11/2012
Decision Date:	11/24/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/08/2015

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 50 year old male, who sustained an industrial injury on 9-11-2012. The injured worker is undergoing treatment for lumbar radiculopathy, sacroiliac joint pain, low back pain, tailbone pain and lumbar and lumbosacral dis displacement. Medical records dated 7-20-2015 indicate the injured worker complains of back pain radiating to the left buttock and leg with spasm, numbness and weakness. He rates the pain 7-8 out of 10 without medication. Physical exam dated 9-11-2015 notes lumbosacral and sacroiliac joint tenderness to palpation. Treatment to date has included physical therapy, acupuncture, sacroiliac joint injection, piriformis block, lumbar epidural steroid injection and numerous medications. The original utilization review dated 9-9-2015 indicates the request for Nucynta ER 100mg #30 and Oxycodone 5mg #30 is certified, Lunesta 2mg is modified and Lyrica #60 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2mg: 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) <http://www.odg-twc.com.odgtwc/pain.html>.

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

Decision rationale: The MTUS Guidelines do not address pharmacologic sleep aids. Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically whereas secondary insomnia may be treated with pharmacological and/or psychological measures. Eszopicolone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. It is 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. Side effects: dry mouth, unpleasant taste, drowsiness, dizziness. Sleep-related activities such as driving, eating, cooking and phone calling have occurred. Withdrawal may occur with abrupt discontinuation. The medical records do not address the timeline of the insomnia or evaluation for the causes of the insomnia. The medical records do not indicate that non-pharmacological modalities such as cognitive behavioral therapy or addressing sleep hygiene practices prior to utilizing a pharmacological sleep aid. Additionally, this request does not include any quantity information, therefore, the request for Lunesta 2mg is determined to not be medically necessary.

Lyrica #60: 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: The MTUS Guidelines recommend the use of Lyrica for the treatment of diabetic neuropathy and postherpetic neuralgia. Antiepileptic drugs are recommended for the treatment of neuropathic pain. The injured worker does not appear to have neuropathic pain based on the clinical reports, and there is not sufficient reasoning provided by the requesting provider on why Lyrica should be considered necessary. The injured worker has been on this medication for substantial time without documentation of the benefit received from it. The guidelines define a good response as a 50% reduction in pain and a moderate response as a 30% reduction. Antiepilepsy drugs are also recommended if they are successful in reducing the use of opioid pain medications, which has not been documented. This medication was previously recommended for weaning purposes only. Lyrica should not be discontinued abruptly, and weaning should occur over a one-week period. This request is not for a weaning dose however. The request for Lyrica #60 is determined to not be medically necessary.

