

Case Number:	CM15-0199175		
Date Assigned:	10/14/2015	Date of Injury:	04/20/2006
Decision Date:	11/23/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 58-year-old female with a date of industrial injury 4-20-2006. The medical records indicated the injured worker (IW) was treated for discogenic cervical condition; impingement syndrome of the left shoulder, status post decompression and labral repair; sleep issues, depression and weight gain due to inactivity and chronic pain; wrist sprain, bilateral; bilateral carpal tunnel syndrome, status post bilateral decompression; bilateral cubital tunnel syndrome, status post bilateral decompression; and bilateral epicondylitis. In the progress notes (9-23-15), the IW was seen for problems with the neck, left shoulder, left elbow and the bilateral wrists and hands. She complained she was still having headaches. Medications included Naproxen, Aciphex, Norco, Lunesta (new prescription) and Ultracet (new prescription). On examination (9-23-15 notes), there was tenderness along the left biceps. Abduction was 150 degrees and the portals were all healed. She had 40 degrees of flexion of the neck, 30 degrees of extension and 20 degrees of tilting. The provider noted the urine drug screen in August 2015 was "positive suggestive of appropriate usage." Treatments included neck collar and traction, TENS unit, chiropractic and massage therapy, wrist bracing, left shoulder surgery (2012) and left biceps injection (50% relief), and facet injection and radiofrequency ablation (2012, no improvement). She was on modified work duty. A Request for Authorization dated 9-23-15 was received for Ultracet 37.5mg #60 (per 9/23/15 request); and Lunesta 2mg #30 (per 9/23/15 request). The Utilization Review on 10-6-15 non-certified the request for Ultracet 37.5mg #60 (per 9/23/15 request); and Lunesta 2mg #30 (per 9/23/15 request).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2mg per 9/23/15 qty 30.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant sustained a work injury in April 2006 and is being treated for neck, left shoulder and elbow, and bilateral wrist and hand pain. Prior treatments referenced include a left shoulder subacromial decompression and labral repair, shoulder injection, cervical radiofrequency ablation, TENS, modalities, chiropractic care, medications, and massage. Medications had been requested and denied in March 2015. When seen, review of systems was positive for stress, depress, and trouble sleeping. No VAS pain scores were recorded. Physical examination findings included left biceps tenderness. There was decreased shoulder and cervical spine range of motion. Authorization for Ultracet and Lunesta is being requested. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. Conditions such as medication or stimulant side effects, depression, anxiety, restless legs syndrome, obstructive sleep apnea, pain and cardiac and pulmonary conditions, if present, should be identified and could be treated directly. Prescribing Lunesta (eszopiclone) is not medically necessary.

Ultracet 37.5mg per 9/23/15 qty 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in April 2006 and is being treated for neck, left shoulder and elbow, and bilateral wrist and hand pain. Prior treatments referenced include a left shoulder subacromial decompression and labral repair, shoulder injection, cervical radiofrequency ablation, TENS, modalities, chiropractic care, medications, and massage. Medications had been requested and denied in March 2015. When seen, review of systems was positive for stress, depress, and trouble sleeping. No VAS pain scores were recorded. Physical examination findings included left biceps tenderness. There was decreased shoulder and cervical spine range of motion. Authorization for Ultracet and Lunesta is being requested. A pain assessment should include the current level of pain, the least reported level of pain over the period since the last assessment, and the average level of pain. In this case, when requested, VAS pain levels were not reported. The claimant's response to prior opioid medications was not reviewed. This request for Ultracet is not medically necessary.