

Case Number:	CM15-0200542		
Date Assigned:	11/06/2015	Date of Injury:	03/05/1998
Decision Date:	12/24/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/13/2015

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: Texas, California

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 49 year old male, who sustained an industrial-work injury on 3-5-98. He reported initial complaints of back pain. The injured worker was diagnosed as having opioid dependence, fibromyalgia, unspecified myalgia and myositis, lumbar disc lesion, cervical disc disorder and unspecified debility. Treatment to date has included medication. Currently, on 9/15/15 the injured worker complains of back pain rated 5-6 out of 10 with medication and 8-9 out of 10 without medication. Medications included Celebrex, Lunesta, Lyrica, Cymbalta, Nucynta, and Talwin. Lunesta has been prescribed since at least 6-8-15. Tramadol was reported to not be effective for back pain. Per the primary physician's SOAP note on 9-15-15, exam noted decreased range of motion and a positive left straight leg raise. The lumbar support was giving some pain relief. He stands with bent knees. Toe walking was done with substantial difficulty. Current plan of care includes medication adjustment and continuation of the lumbar brace with repair. The Request for Authorization requested service to include 3 rolls of duct tape and 1 prescription of Lunesta 3 mg, #30. The Utilization Review on 9-28-15 denied the request for 3 rolls of duct tape and modified 1 prescription of Lunesta 3 mg, #23.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 rolls of duct tape: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 12/02/15), Lumbar supports.

Decision rationale: Request: 3 rolls of duct tape. Per the ACOEM guidelines cited , "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." In addition per the ODG cited regarding lumbar supports/brace, "Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Treatment: Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). Under study for post-operative use; see Back brace, post operative (fusion)." Details of PT or other type of therapy done since date of injury was not specified for this injury. A detailed response to prior conservative therapy was not specified in the records provided. The prior conservative therapy notes were not specified in the records provided. Evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. There is no evidence of instability, spondylolisthesis, lumbar fracture or recent lumbar surgery. A recent surgery or procedure note related to this injury was not specified in the records provided. The medical necessity of the lumbar support is not fully established and therefore the need for the lumbar support supplies is also not established. The medical necessity of the request for 3 rolls of duct tape is not medically necessary.

1 prescription of Lunesta 3 mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress: Eszopicolone (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 12/02/15), Mental Chapter. Mental Illness & Stress (updated 11/24/15), Eszopicolone (Lunesta).

Decision rationale: 1 prescription of Lunesta 3 mg, #30 LUNESTA (eszopiclone) is a non-benzodiazepine hypnotic agent. The California MTUS/ACOEM Guidelines do not address this medication; therefore, ODG was utilized. According to the cited guideline "Not recommended for long-term use, but recommended for short-term use." A detailed history of anxiety or insomnia was not specified in the records provided. Trial of other measures for treatment of insomnia is not specified in the records provided. A recent detailed evaluation by a psychiatrist for stress related conditions is not specified in the records provided. As per cited guidelines for this type of medication, "They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Previously recommended doses can cause impairment to driving

skills, memory, and coordination as long as 11 hours after the drug is taken." Per the cited guideline, use of this medication can be habit-forming, and it may impair function and memory more than opioid pain relievers. The medical necessity of the request for 1 prescription of Lunesta 3 mg, #30 is not medically necessary in this patient.