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| Case Number: | CM15-0206544 | | |
| Date Assigned: | 10/23/2015 | Date of Injury: | 12/16/2009 |
| Decision Date: | 12/04/2015 | UR Denial Date: | 10/08/2015 |
| Priority: | Standard | Application Received: | 10/20/2015 |

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: 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 53-year-old male, who sustained an industrial injury on 12-16-09. The injured worker was diagnosed as having lumbosacral musculoligamentous strain and lumbosacral discogenic disease. Subjective findings (9-24-15) indicated constant low back pain and moderate difficulty in sleep. The injured worker rated his pain 5 out of 10 with medications and 8 out of 10 without medications. He also noted that his sleep latency is over 1.5 hours, sleep duration is 5 hours and total amount of time awakening at night after sleep onset is 2 hours. Objective findings (6-1-15, 8-24-15 and 9-24-15) revealed tenderness to palpation over the L4- S1 vertebral area, decreased lumbar range of motion and a normal sensory examination. There is a positive straight leg raise test on the right. As of the PR2 dated 10-1-15, the injured worker reports pain in his lower back and right shoulder. He rates his pain 7-8 out of 10. Objective findings include grade 2 tenderness to palpation over the paraspinal muscles and "restricted" range of motion. The urine drug screen dated 10-1-15 was inconsistent with prescribed medications. Treatment to date has included a home exercise program, Hydrocodone, Naproxen, Omeprazole and Lunesta (no previous prescriptions found). The Utilization Review dated 10-8-15, non-certified the request for a bilateral L4-L5 medial branch block injection under fluoroscopy and Eszopiclone 3mg #30 x 0 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-S1 median branch block injection under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: Per Guidelines, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time, no more than one therapeutic intra-articular block is suggested and with positive significant relief for duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Submitted reports have not demonstrated clear indication and medical necessity for the facet blocks as the MRI results indicate neural foraminal stenosis and HNP with possible nerve impingement s/p previous LESI with noted 6 months relief. Additionally, submitted reports show no clear exam findings consistent with facet arthropathy nor is there extenuating circumstances to require multiple vertebral level blocks (L4, L5, S1) beyond the guidelines criteria. The Bilateral L4-S1 median branch block injection under fluoroscopy is not medically necessary and appropriate.

Eszopiclone 3 mg #30 with no refills: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia Treatment, pages 535-536.

Decision rationale: Review indicates the patient has been prescribed Temazepam (Restoril) for difficulty in sleep since at least December 2014 now with request for additional Eszopiclone (Lunesta), a sedative hypnotic. Hypnotics are not included among the multiple medications noted to be optional adjuvant medications, per the Official Disability Guidelines (ODG), Pain. Additionally, Lunesta is a non-benzodiazepine-like, Schedule IV controlled substance. Long-term use is not recommended as efficacy is unproven with a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic and anxiolytic. Chronic use is the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Submitted documents have not demonstrated any specific clinical findings or confirmed diagnoses of sleep disorders nor is there any noted failed trial of behavioral interventions or proper sleep hygiene regimen to support its use. The Eszopiclone 3 mg #30 with no refills is not medically necessary and appropriate.