MAXIMUS Federal Services

Case Number:	CM15-0220619		
Date Assigned:	11/13/2015	Date of Injury:	08/25/2012
Decision Date:	12/24/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/09/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 55 year old female, who sustained an industrial injury on 8-25-12. The injured worker was diagnosed as having lumbar degenerative disc disease with L4-5 disc bulge and sacralization of L5 vertebra, right wrist De Quervain's tenosynovitis, right lateral epicondylitis, right wrist strain, and right shoulder bursitis or tendinitis, impingement syndrome, and possible rotator cuff tear. Treatment to date has included use of a cane, a right wrist injection, and medication including Tylenol extra strength and topical creams. On 9-22-15, the treating physician noted the injured worker had the following difficulties with activities of daily living: cutting vegetables, using a can opener, opening jars, putting on socks and shoes, bathing, dressing, and doing household chores. Physical exam findings on 9-22-15 included positive impingement maneuver on the right shoulder. Epicondylar tenderness was noted on the right. Right dorsal wrist tenderness was noted. Finkelstein's test was positive bilaterally and Tinel's test was positive on the right. A straight leg raise tests was negative bilaterally. Withdrawal to palpation was noted on the second and third intermetatarsal spaces of the right foot. On 9-22-15, the injured worker complained of pain in the right hand and wrist rated as 7 of 10, low back pain rated as 6-7 of 10, and right shoulder pain rated as 6 of 10. The treating physician requested authorization for Lunesta 3mg #30 with 2 refills and Fioricet #60 with 2 refills. On 10-15-15 the requests were non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg, #30 with 2 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), Pain - 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) Mental illness and stress- Eszopicolone (Lunesta).

Decision rationale: Lunesta 3mg, #30 with 2 refills is not medically necessary per the ODG. The MTUS does not address this issue. The ODG states that Lunesta is not recommended for long-term use, but recommended for short-term use. The ODG recommends limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. While sleeping pills, so-called minor tranquilizers, and anti-anxiety 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. The request for this medication is not medically appropriate as Lunesta is not intended for long-term use. Therefore, the request for Lunesta with 2 refills is not medically necessary.

Fioricet (unknown dosage), #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Barbiturate-containing analgesic agents.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Barbiturate-containing analgesic agents.

Decision rationale: Fioricet (unknown dosage), #60 with 2 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Fioricet is a barbiturate containing analgesic. The MTUS states that barbiturate containing analgesics are not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. The documentation does not reveal an extenuating rationale or circumstance that necessitates the use of this medication. Furthermore, the request does not specify a dosage. The request for Fioricet is not medically necessary.