

Case Number:	CM15-0221869		
Date Assigned:	11/17/2015	Date of Injury:	11/11/2012
Decision Date:	12/31/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/11/2015

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: Florida
 Certification(s)/Specialty: Neurology, 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:

The injured worker is a 54 year old female, who sustained an industrial injury on 11-11-2012. She reported cervical and low back pain with numbness and tingling in her right arm. Per the psychiatric note dated 3-31-2015, the IW is very depressed with recurrent thoughts of death, poor sleep, hopelessness, helplessness, feeling negative about everything, significant body weight loss of 37 pounds, impaired attention, focus and concentration, low energy, loss of interest in activities, anhedonic symptoms. The exam is significant for suspiciousness and paranoia and hopelessness and helplessness, insight and judgment are limited and attention and concentration are impaired. The injured worker was diagnosed as having low back pain, possibility of lumbar radiculopathy, chronic neck pain, clinically consistent cervical radiculopathy, bilateral wrist and hand pain and right wrist TFCC tears and severe depression. Treatment to date has included medications, diagnostic testing, physical therapy, and psychiatric care. On 8-11-2015, the progress revealed that the IW complains of persistent neck and low back pain. Her pain is 7 out of 10 with 10 being the worst. "The low back pain radiates to the right lower extremity which she describes as stabbing and pulsating. Prolong standing and walking aggravates her pain. Antalgic gait noted on the right and she uses a cane for support and stability. The exam notes limited mobility noted in the lumbar spine, tenderness noted in the lumbar facet joints, spasms noted in the cervical paraspinal muscles and stiffness noted in the cervical spine. Dysesthesia noted to light touch in the right upper extremity." The psychiatric noted dated 10-12-2015, states the IW continues to suffer from severe depression secondary to her industrial injury. She sees a therapist once a month and she reports more anxiety than before. The Plan is increase Viibryd to 30mg,

Wellbutrin 75mg, Lunesta 2mg, Risperidone 1mg three times a day and to stay on all other medications especially Topiramate and Savella. The UR decision, dated 10-16-2015, was modified from Lunesta 3 mg, quantity 30 to Lunesta 3mg quantity 15 and approved Vibryd 30mg, quantity 30, Wellbutrin 75mg, quantity 30 and Risperidol 1 mg, quantity 90. The request for authorization, dated 11-11-2015, is for Lunesta 3 mg, quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg #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 (ODG), 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, sleep aid.

Decision rationale: The medical records provided for review indicate improvement in pain symptoms with report of significant sleep interference. ODG guidelines support short term use of sleep agent such as Zolpidem or Lunesta for 4 to 6 weeks when there is failure of 6 months of conservative care and sleep hygiene program. As the medical records provided for review do not indicate or document such failure, the medical records do not support a medical necessity for this treatment.