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| Case Number: | CM15-0045157 | | |
| Date Assigned: | 03/17/2015 | Date of Injury: | 08/18/2011 |
| Decision Date: | 04/23/2015 | UR Denial Date: | 02/27/2015 |
| Priority: | Standard | Application Received: | 03/10/2015 |

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, 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 36 year old male who sustained a work related injury August 18, 2011. After an eight foot fall from a roof, with loss of consciousness, he was initially diagnosed with a closed head injury; left wrist Colles fracture and wrist dislocation; facial laceration and nasal fracture. Treatment in the emergency room included conscious sedation and orthopedic reduction of left Colles; traction, counter traction, sugar-tong splint and ace wrap placed. According to a primary treating physician's progress report dated February 11, 2015, the injured worker presented for ongoing headaches, neck pain, low back pain and knee pain. He has been authorized to see an endodontist and scheduled for an internal medicine review and examination. He has difficulty sleeping and getting 3-4 hours per night. Diagnoses are documented as chronic left shoulder pain, s/p left shoulder arthroscopic surgery March 2012; left knee pain, chronic complete ACL tear, s/p surgical repair June, 2014; low back pain, MRI degenerative arthrosis L4-L5, L5-S1 July, 2012; dental pain; headaches. Treatment plan included prescription for Pamelor and Lunesta and dispensed Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pamelor 100mg, #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 16-21.

Decision rationale: Regarding the request for this tricyclic antidepressant (TCA), the Chronic Pain Medical Treatment Guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Within the documentation available for review, there is identification that the TCA provides analgesia and a progress note from 1/15/15 states that the Pamelor decreases morning headaches and overall pain. The patient is not taking this primarily for mood disorder and therefore psychological assessment is not required. Given this, this request is medically necessary.

Lunesta 2mg, #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).

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

Decision rationale: Regarding the request for Lunesta, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. Official Disability Guidelines recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is no statement indicating what behavioral treatments have been attempted for the condition of insomnia, as recommended by the Official Disability Guidelines. There is also no statement indicating how the patient has responded to pharmacologic treatment. Finally, there is no indication that Lunesta is being used for short term use as recommended by guidelines. In the absence of such documentation, the currently requested Lunesta is not medically necessary.