

Case Number:	CM15-0047767		
Date Assigned:	04/14/2015	Date of Injury:	10/03/2001
Decision Date:	05/06/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/13/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 56-year-old female, who sustained an industrial injury on 10/03/2001. She sustained a cumulative trauma injury to her right upper extremity with persistent wrist and hand pain. She went on to develop evidence of complex regional pain syndrome of her right upper extremity. Treatment to date has included medications and a functional restoration program. Currently, the injured worker complains of marked worsening of her right upper extremity pain symptoms and sleep disturbance. Medications included Clonazepam, Lunesta, Cymbalta and Lyrica. Diagnoses included carpal tunnel syndrome, limb pain, opioid dependence unspecified and brachial neuritis. The injured worker was permanent, stationary, and currently not working. Treatment plan included Clonazepam, Lunesta, Cymbalta and Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 1mg #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 28.

Decision rationale: The MTUS Guidelines are very straightforward in the recommendation that Benzodiazepine use be limited for 4 weeks or less. The rapid tolerance development, addictive nature and better alternatives are noted for as rationale for this recommendation. There are no unusual circumstances to justify an exception to Guidelines. The Clonazepam 1mg. #30 3 refills is not supported by Guidelines and is not medically necessary.

Lunesta (Eszopiclone) 3mg #30 with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 02/10/15) 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), Pain - Insomnia Treatment.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address this issue in great detail and the current versions support the use of certain hypnotic medications for individuals with chronic pain syndrome. The Lunesta and this individual meet the Guideline criteria to support its long-term use if necessary. The Lunesta (Eszopiclone) 3mg #30 with 3 refills is medically necessary.