

Case Number:	CM15-0089466		
Date Assigned:	07/16/2015	Date of Injury:	09/27/2004
Decision Date:	08/14/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/09/2015

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: 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 48 year old male who sustained a work related injury September 27, 2004. Past history included C5-C7 anterior cervical discectomy and fusion 2004, carpal tunnel release, right wrist tendon, left arthroscopy, left wrist surgery, and pediatric epilepsy. According to an initial consultation report, dated April 2, 2014, the injured worker presented with left lower neck pain radiating to the left trapezius, left shoulder and left tricep, described as achy and burning. He rates the pain 2-3 in the morning and 8-9 at night and has experienced these symptoms since the date of the injury. He has received physical therapy with mild relief and uses a TEN's unit, hot and cold packs, and performs a home exercise program. An MRI of the left shoulder, dated October 4, 2013, demonstrated slap tear, supraspinatus and subcapularis tendinosis, severe AC (acromioclavicular) joint osteoarthritis. Impressions are s/p C5-C7 anterior cervical discectomy and fusion; cervical disc herniation; cervical degenerative disc disease; cervical facet joint arthropathy; left shoulder internal derangement. Treatment recommendations included orthopedic consultation for left shoulder and pain contract signed with overview of medication guidelines. At issue, is the request for authorization for Lunesta and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg # 30 Refills 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

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, Sleep Medication, Insomnia treatment.

Decision rationale: Regarding the request for Lunesta, California MTUS does not address the issue. ODG 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 discussion regarding what behavioral treatments have been attempted. Furthermore, 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.

Soma 350mg, #90 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 Disabilities Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

Decision rationale: Regarding the request for Soma, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Soma is not medically necessary.