

Case Number:	CM14-0120332		
Date Assigned:	09/16/2014	Date of Injury:	09/10/2002
Decision Date:	10/17/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 69-year-old male who has submitted a claim for degenerative lumb/lumbosacral intervertebral disc, UNS neuralgia, neuritis and radiculitis, and displacement of lumbar disc without myelopathy associated with an industrial injury date of September 10, 2002. Medical records were reviewed. Only two progress notes, which were both undated, were found which showed that the patient complained of pain in "tailbone" while sitting for long periods or firm chairs. Examination revealed an awake, alert and oriented male sitting in chair. He transferred from sitting to standing with some guarding and stiffness. He ambulated with stiff gait. He had functional ROM and strength of upper and lower extremities. He had equal bilateral intact sensation to light touch. He had 70 degree flexion and 0 degree extension of back and non-tender lumbar spinous processes. Treatment to date has included home exercise program and medications including lunesta, duloxetine and Testim cream. First dates of prescription of these medications were not found on the records provided. Both progress notes mentioned that the patient was able to sleep 4-5 hours with Lunesta whereas he was not able to sleep without it. He also felt generally better with Testim cream. There was no reported side effects. Utilization review from July 21, 2014 denied the request for Lunesta 3mg #30 retrospective (06/18/14), Lunesta 3mg #30 retrospective (2/06/14), Duloxetine HCL CPEP 60mg qty 30 (02/07/14), Duloxetine DR 60mg qty #30 (6/10/14) and Testim gel 5gm qty 150gm (2/07/14). The request for Lunesta was denied because there was no documentation of objective functional improvement such as improved Epworth sleepiness scale score to support subjective reports of improvement. The request for duloxetine was denied because there was no evidence of objective functional gains supporting subjective improvement such as Beck Anxiety inventory or Beck Depression Inventory scores. There was also no change or improvement of objective findings on examination. The request for Testim gel was denied because there was no thorough

documentation regarding testosterone deficiency and sexual dysfunctions that would require testosterone replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg #30 retrospective (06/18/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Med Lett Drugs 2005

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Lunesta

Decision rationale: The California MTUS does not specifically address Eszopiclone (Lunesta). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. It states that eszopiclone (Lunesta) is a non-benzodiazepine sedative-hypnotic (benzodiazepine-receptor agonist) and is a first-line medication for insomnia. It is a schedule IV controlled substance that has potential for abuse and dependency. Lunesta has demonstrated reduced sleep latency and sleep maintenance, and is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. In terms of first-line therapy, for acute insomnia lasting less than 6 months, medication is probably the best treatment approach, but for chronic insomnia, a combined approach might give the best of both worlds; however, after a few weeks, the recommendation is to discontinue the medication and continue with CBT. Prescribing medication indefinitely will not work. The authors said that the conclusion that patients do better in the long term if medication is stopped after 6 weeks and only CBT is continued during an additional 6-month period is an important new finding. In this case, the initial date of Lunesta use is unknown. Although the patient benefited from Lunesta, it is not clear whether the patient had already been using this medication for a period more than 6 months. What is known is that this review also contains a request for retrospective use of Lunesta on February 6, 2014. The patient had been possibly using the medication for five months or even more. The progress note mentioning that there was some benefit was also undated. There is insufficient information to know whether the use of Lunesta is still warranted. Until more information is provided, the request for Lunesta 3mg #30 retrospective (06/18/14) is deemed not medically necessary.

Lunesta 3mg #30 retrospective (2/06/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Med Lett Drugs 2005

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Lunesta

Decision rationale: The California MTUS does not specifically address Eszopiclone (Lunesta). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. It states that eszopiclone (Lunesta) is a non-benzodiazepine sedative-hypnotic (benzodiazepine-receptor agonist) and is a first-line medication for insomnia. It is a schedule IV controlled substance that has potential for abuse and dependency. Lunesta has demonstrated reduced sleep latency and sleep maintenance, and is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. In terms of first-line therapy, for acute insomnia lasting less than 6 months, medication is probably the best treatment approach, but for chronic insomnia, a combined approach might give the best of both worlds; however, after a few weeks, the recommendation is to discontinue the medication and continue with CBT. Prescribing medication indefinitely will not work. The authors said that the conclusion that patients do better in the long term if medication is stopped after 6 weeks and only CBT is continued during an additional 6-month period is an important new finding. In this case, the initial date of Lunesta use is unknown. Although the patient benefited from Lunesta, it is not clear whether the patient had already been using this medication for a period more than 6 months. The progress note mentioning that there was some benefit was also undated. There is insufficient information to know whether the use of Lunesta is still warranted. Until more information is provided, the request for Lunesta 3mg #30 retrospective (2/06/14) is deemed not medically necessary.

Duloxetine HCL CPEP 60mg qty 30 (02/07/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

Decision rationale: Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRI). Pages 43-44 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that duloxetine is recommended as an option in first-line treatment option in neuropathic pain, as well as depression. In this case, there is no documented finding in the history and physical examination that supports the presence of neuropathic pain. There was no complaint of paresthesia, tingling or numbness. Physical examination did not elicit any neurologic deficit. There was also no sign of depression apart from sleeping problems. It appears that duloxetine will not be of any help in this case. Therefore, the request for Duloxetine HCL CPEP 60mg qty 30 (02/07/14) is not medically necessary.

Duloxetine DR 60mg qty #30 (6/10/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

Decision rationale: Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRI). Pages 43-44 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that duloxetine is recommended as an option in first-line treatment option in neuropathic pain, as well as depression. In this case, there is no documented finding in the history and physical examination that supports the presence of neuropathic pain. There was no complaint of paresthesia, tingling or numbness. Physical examination did not elicit any neurologic deficit. There was also no sign of depression apart from sleeping problems. It appears that duloxetine will not be of any help in this case. Therefore, the request for Duloxetine HCL CPEP 60mg qty 30 (02/07/14) is not medically necessary.

Testim gel 5gm qty 150gm (2/07/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chapter not noted.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism Page(s): 110-111.

Decision rationale: Pages 110-111 of CA MTUS Chronic Pain Medical Treatment Guidelines state that testosterone replacement for hypogonadism (related to opioids) is recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. In this case, although progress notes indicate that the patient improves with Testim gel, there was no documented signs and symptoms that support a suspicion of hypogonadism. Moreover, the records available do not contain laboratory results of testosterone level. Due to insufficient information, the medical necessity of this medication cannot be established. Therefore, the request for Testim gel 5gm qty 150gm (2/07/14) is not medically necessary.