

Case Number:	CM14-0163290		
Date Assigned:	10/08/2014	Date of Injury:	08/21/2007
Decision Date:	11/07/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/03/2014

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 Occupational Medicine and is licensed to practice in California. 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:

57 year old male injured at work on 21 Aug 2007 when he tripped and fell while moving a heavy wheelbarrow. Diagnoses for this injury include: wrist pain (now status post right carpal tunnel release surgery), low back injury (now status post L4-5 discectomy with laminectomy and diagnosed with post laminectomy syndrome), bilateral hip pain (now status post left hip arthroscopy (Jan 2013)) and bilateral foot pain. Presently he complains of pain in his neck, low back, hip and hand and complains of poor sleep but he is able to do activities of daily living when he is able to take his medications. Comorbid conditions include Obesity, Diabetes Mellitus and Depression. Examination in Sep 2014 revealed marked obesity with BMI 34.92. He appeared anxious, depressed, and had an antalgic gait. Lumbar spine had restricted range of motion to 50 degrees flexion, 15 degrees extension, 15 degrees left lateral flexion and 15 degrees right lateral flexion; there was paravertebral muscle tenderness and tenderness over spinous processes of L4 and L5. Straight leg raise was negative. Right hip exam showed pain on flexion, abduction, external rotation, and extension (ie Faber test); Left hip showed positive Faber test and limited range of motion. Xray (9 Mar 2014) showed unremarkable left hip. Left hip MRI (4 Apr 2014) showed labral tear and mild tendinosis of gluteal minimus tendon and common hamstring tendons. Electromyogram/nerve conduction velocity study (EMG/NCV) Feb 2014 of lower extremities showed chronic poly-radiculopathy attributed to diabetes and upper extremities EMG/NCV studies in Apr 2014 showed chronic bilateral C7 radiculopathy and possibly mild left C8 radiculopathy. Lumbar MRI (4 Jun 2014) showed no change since MRI in 2009 which showed degenerative changes L3-S1, Status Post L4-5 laminectomy and mild to moderate bilateral foraminal stenosis at L4-5 and L5-S1. Cervical MRI (11 Jun 2014) showed severe multilevel degenerative changes with central canal stenosis and bilateral neural foraminal narrowing at C4-5 and changes in spinal cord at that level suggesting chronic cord compression.

Treatment has included stretching/home exercises, ice, foot orthotics, CAM walking boot, hip steroid injections, epidural steroid injections and medications (Nucynta, tramadol, Lyrica (started Jan 2014), Zanaflex, Norco, Colace, Cymbalta, Lunesta (begun 3 Jan 2014 and documented effective at making sleep easier/uninterrupted for 6 hours - only gets 3 hrs sleep without med), Robaxin, amitriptyline, gabapentin and Naprosyn). His present medications are: Amitriptyline, Lyrica, Lunesta, Nucynta and Colace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg #20: 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), Treatment Index, 12 Edition (web) , 2014, Pain -Eszopiclone (Lunesta)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults. Schutte-Rodin S, et al, J Clin Sleep Med 2008;4(5):487-504

Decision rationale: According to the definition by the consensus guideline for treatment of insomnia, insomnia is the subjective perception of difficulty with sleep initiation, duration, consolidation, or quality that occurs despite adequate opportunity for sleep, and that results in some form of daytime impairment. Importantly, the diagnosis requires this associated daytime dysfunction (by definition as per the International Classification of Sleep Disorders). Once diagnosis is made and secondary causes have been ruled out, first line treatment is with a non-benzodiazepine hypnotic agent. Lunesta (eszopiclone) is a non-benzodiazepine hypnotic agent. This patient has used Lunesta for over 6 months and it has been shown it to be effective in improving his sleep. However, he still complains of poor sleep. The medical records do not document the presence of daytime symptoms or an evaluation to identify whether the cause of the disorder is due to the patient's pain symptoms or his other co-morbid disease states (which would be considered a secondary cause and thus perhaps require different treatment). Use of this medication is thus not medically indicated until the above evaluation is completed.

Lyrica 75mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica (Pregabalin) Page(s): 16,19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 14,16-7.

Decision rationale: Lyrica (pregabalin) is a medication that reduces the number of pain signals from damaged nerves. It is indicated in the treatment of pain from fibromyalgia, diabetic neuropathy and spinal cord injury/neuropathies. It can also be used to treat seizure disorders.

Presently, there are no good clinical trials for use of this type of medication for treating axial low back pain but as this type of pain may have a neuropathic origin suggests it may be effective for this condition, too. The MTUS suggests use of Lyrica as a first line therapy for neuropathic pain from nerve damage and further describes the goal of therapy to be when the pain decreases 30-50% or more and the patient's level of functioning improves. Although an actual percentage is not given in the patient's record, the patient responded well to this medication. In fact, the records note stability in medication requirements for 6+ months while using this medication. During this time the records note a good response in lowering the patient's pain and improving his activities of daily living. Additionally, he is without side effects from Lyrica while at low doses. Continuation of this medication is recommended.