

Case Number:	CM14-0112817		
Date Assigned:	08/01/2014	Date of Injury:	02/18/2009
Decision Date:	07/14/2015	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/20/2014

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. 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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 54 year old male, who sustained an industrial injury on 2/18/09. He has reported initial complaints of right hip pain that radiates to the knee and low back pain. The diagnoses have included chronic pain syndrome, cervical spine Herniated Nucleus Pulposus (HNP), cervical radiculitis, lumbar spine Herniated Nucleus Pulposus (HNP), lumbar radiculitis, hip fracture, headache, shoulder internal derangement and insomnia. Treatment to date has included medications, activity modifications, off work, diagnostics, acupuncture, chiropractic, surgery, physical therapy and injections. Surgeries included total right hip revision, left carpal tunnel release, stump neuroma resection, right shoulder arthroscopy and jaw/facial reconstruction. Currently, as per the physician progress note dated 6/17/15, the injured worker complains of headaches, jaw/face pain, bilateral shoulder pain, neck and low back pain, left hip and left stump pain. The current pain is rated 5/10 on pain scale, the least reported pain since the last assessment is rated 3/10, the average pain is 4/10, intensity of pain after taking the opioid is rated 3-4/10 and the pain relief lasts about 3 hours. He reports numbness, headaches, joint pain, stiffness, muscle weakness, anxiety, stress and unable to sleep. The objective findings reveal blood pressure is 149/95; pulse is 76 and respirations 15. The exam findings reveal right shoulder is in post-operative brace and the injured worker is otherwise alert and cooperative. The physician progress note dated 5/27/15 documents that the exam findings reveal decreased painful range of motion of the neck and back and he walks with a mildly antalgic gait with a left lower leg prosthesis. The current medications included Percocet, Lyrica, Viagra, Prilosec, and Lidoderm patch, Sonata, Lorzone, Amrix and Effexor. There is no previous urine drug screen

reports noted in the records and there is no previous physical therapy, acupuncture or chiropractic sessions noted. The physician requested treatments included Lunesta 2mg #30 and Cymbalta 60mg #60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Lunesta, Sleep-aids.

Decision rationale: MTUS treatment guidelines are silent about Lunesta. Other guidelines were used in this review. ODG guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Lunesta. Guidelines state the following: recommends Lunesta for short term use, not long term, 3 weeks in the 1st 2 months of injury. There is concern for habit forming, impaired function and memory, as well as increased pain and depression over long term. The clinical documents state that the patient was taking this medication longer than the recommended amount of time. According to the clinical documentation provided and current guidelines; Lunesta is not indicated as a medical necessity to the patient at this time.

Cymbalta 60mg #60 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 15-16.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Cymbalta. MTUS guidelines state the following: Selective serotonin and norepinephrine reuptake inhibitors (SNRIs): is approved for a first line option for neuropathic pain. According to the clinical documentation provided and current MTUS guidelines; Cymbalta is indicated as a medical necessity to the patient at this time.