

Case Number:	CM14-0214772		
Date Assigned:	01/07/2015	Date of Injury:	06/29/2009
Decision Date:	02/28/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/22/2014

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53-year-old male with an injury date of 06/29/2009. Based on the 08/29/2014 progress report, the patient complains of neck pain and subsequent headaches. The 10/15/2014 report indicates that the patient continues to have left neck pain radiating to the front of his head. "He had one episode of nausea with vomiting with the headache about a month ago." The patient has mild weakness and minimal dysesthesias of the left upper extremity. The 11/26/2014 report states that the patient has the same level of mild neck pain which bothers him in bed. No additional positive exam findings were provided. The patient's diagnoses include the following: Cervical degenerative disk disease with recent flare. Suspect he has aggravated the C5-C6 disk. The utilization review determination being challenged is dated 12/12/2014. Treatment reports are provided from 01/07/2014 - 11/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1.3% #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics, topical NSAIDs Page(s): 111-113.

Decision rationale: The patient presents with neck pain and subsequent headaches. The request is for Flector Patches 1.3% #60. There is no indication of when the patient began using Flector patches. The 11/26/2014 report asks for a "refill of the anti-inflammatory Flector patch." Regarding topical NSAIDs, MTUS topical analgesics pages 111-113 states, "Indications: Osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." In this case, the patient has neck pain and headaches. There is no indication of the patient having any osteoarthritis and tendonitis symptoms. The reason for the request is not provided, nor is there any discussion provided on Flector patches. The requested Flector patch is not medically necessary.

Lunesta 3mg #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, Pain, 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 Chapter, insomnia treatments and Eszopiclone (Lunesta).

Decision rationale: The patient presents with neck pain and subsequent headaches. The request is for Lunesta 3 mg #30. There is no indication of when the patient began taking Lunesta; however, the 11/26/2014 report indicates that the patient needs a refill of this medication. ODG Guidelines Pain Chapter, under insomnia treatments section states, "Eszopiclone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. The only benzodiazepine receptor agonist FDA approved for used longer than 35 days. A randomized, double-blind controlled clinical trial with 830 primary insomnia patients reported significant improvement in the treatment group when compared to the controlled group for sleep latency, week after sleep onset, and total sleep time over a 6-month period." ODG Guidelines Pain Chapter, under Eszopiclone (Lunesta), this medication is "not recommended for long-term use, but recommended for short-term use." The 11/26/2014 report requests for a refill of Lunesta. It is unknown when the patient began taking this medication. In regards to Lunesta, ODG Guidelines do not recommend for "long-term use, but recommend for short-term use." Since it is unknown when the patient began taking Lunesta, the patient may have already been taking this on a long-term basis. Therefore, the requested Lunesta is not medically necessary.