

Case Number:	CM14-0215636		
Date Assigned:	01/05/2015	Date of Injury:	04/27/2011
Decision Date:	02/28/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/23/2014

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, 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 38-year-old male who sustained an industrial injury on April 27, 2011. The mechanism of injury occurred when the patient was asked to lift and unload three pallets. The patient developed severe low back pain which radiated into the legs. The industrial diagnoses include depression, sleep disturbance, low back pain, lumbar radiculopathy, cervicgia, and chronic pain syndrome. Conservative treatment Has included physical therapy, reduction of work hours and duties, and pain medications. The patient also underwent multiple lumbar epidural injections which only provided relief for a couple of days. In January 2013 the patient underwent lumbar decompressive surgery at L4-L5. The disputed issues are requests for Lunesta and naproxen. A utilization review determination on November 24, 2014 had noncertified these requests. The rationale for the denial of the Lunesta was that there was “no discussion of specific improvement in sleep or next a functioning from prior Lunesta use.” The rationale for the denial of the naproxen, was that there was “no documentation of the diagnosis for which naproxen has been prescribed on an ongoing basis.”

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg # 30 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 Disability Guidelines- Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain & Mental Illness and Stress Chapters, Insomnia management entry

Decision rationale: The ODG Chronic Pain Chapter specifies the following regarding insomnia: "Insomnia Definition: Difficulty in sleep initiation or maintenance, and/or early awakening. Also characterized by impairment in daily function due to sleep insufficiency. These impairments include fatigue, irritability, decreased memory, decreased concentration, and malaise. Classifications: (1) Based on symptoms: Categories of symptoms include sleep onset, sleep maintenance, non-restorative sleep. These symptoms have been found to change over time. (2) Based on duration: (a) Acute insomnia (transient insomnia): Usually the result of specific environmental or social events. Generally treated by addressing the episode directly (death of a family member, working on a different shift, travel), or prophylactically. (b) Chronic insomnia: Generally defined as lasting more than one month. This condition may be correlated with other intrinsic sleep disorders, primary insomnia, or chronic medical conditions. Chronic insomnia is more likely to occur in the elderly, depressed patients, and medically ill populations. (3) Based on etiology: (a) Primary insomnia: No known physical or mental condition is noted as an etiology. This condition is generally consistent and responsive to treatment. (b) Secondary insomnia (comorbid insomnia): insomnia that is secondary to other medical and psychiatric illnesses, medications, or sleep disorders. Examples include chronic pain, gastroesophageal reflux disease (GERD), heart failure, end-stage renal disease, diabetes, neurologic problems, psychiatric disorders, and certain medications. Diabetic patients appear to suffer insomnia due to alterations of circadian rhythm. They may also suffer from sleep disorders related to obesity. Psychiatric disorders associated with insomnia include depression, anxiety and alcoholism. (Reeder, 2007) (Benca, 2005) See Insomnia treatment. See also Sleep studies. Regarding the request for Lunesta, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. 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, the patient has documented depression, anxiety, and sleep disturbance, and is under the care of a psychiatrist. However, there is no commentary on the length of usage of Lunesta, or it's effect in improving the patient's insomnia. Without this documentation, the currently requested Lunesta is not medically necessary.

Naproxen 500mg # 60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22, 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-72.

Decision rationale: Regarding the request for Naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. This injured worker has documentation of chronic low back pain, lumbar radiculopathy, and has undergone lumbar surgery. Within the documentation available for review, there is no indication that Naproxen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. The submitted documentation include remote documents which are no longer relevant to the pain score. The most comprehensive note is found in a panel QME on 9/2/2014 but there is no commentary on the effect of naproxen. In the absence of such documentation, the currently requested Naproxen is not medically necessary.