MAXIMUS Federal Services

Case Number:	CM14-0216785		
Date Assigned:	01/06/2015	Date of Injury:	07/15/2014
Decision Date:	02/25/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/26/2014

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: Georgia
Certification(s)/Specialty: Anesthesiology, 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 sustained a work related injury on July 15, 2014, when an elderly man fell on top of the injured worker, injuring the lower back. A lumbar spine MRI dated August 25, 2014, was noted to show an annular tear with a 5-7mm posterior central disc protrusion at L3-L4 with resultant moderate spinal stenosis, an annular tear with a 5-6mm posterior right paracentral disc protrusion at L4-L5 with compression of the right L5 nerve within the spinal canal, an annular tear with a 5-6mm posterior central disc protrusion at L5-S1, mild bilateral facet arthropathy at L4-S1, and mild disc desiccation at L3-L4, L4-L5, and L5-S1 with mild disc height loss at L3-L4 and L4-L5. The injured worker's conservative treatments were noted to have included chiropractic care, acupuncture, and oral and topical medications. The Primary Treating Physician's report dated December 10, 2014, noted the injured worker with complaints of constant low back pain with radiation into the lower extremities. The Physician noted the injured worker's medications were benefitting by helping to curve and relieve the symptomatology, improving activities of daily living and making it possible to continue to work. Physical examination was noted to show palpable paravertebral muscle tenderness with spasm, a seated nerve root test positive and tingling and numbness in the lateral thigh, anterolateral and posterior leg and foot with L5-S1 dermatomal patterns. The diagnosis was lumbago. The injured worker was noted to be on modified work duty. The Physician requested authorization for Eszopiclone (Lunesta) 1mg #30 and a lumbar epidural steroid injection (LESI).On December 19, 2014, Utilization Review evaluated the request for Eszopiclone (Lunesta) 1mg #30 and a lumbar epidural steroid injection (LESI), citing the MTUS Chronic Pain Medical Treatment Guidelines,

and the Official Disability Guidelines (ODG). The UR Physician noted the use of long term Non-Benzodiazepine sedative-hypnotics was not approved by the guidelines, and that there was no clear diagnosis and treatment of insomnia other than the prescribing of this medication, which did not satisfy guidelines. The request for Eszopiclone (Lunesta) 1mg #30 was denied. The UR Physician noted that the approach and level of the requested epidural steroid injection was not provided, and that the MRI showed no foraminal narrowing, with physical examination showing no deficits supporting the necessity of an epidural steroid injection. The request for a lumbar epidural steroid injection (LESI) was denied. The decisions were subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopidone (Lunesta) 1mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Insomnia Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), http://www.odg-twc.com/odgtwc/pain.htm

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Insomnia Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: Eszopiclone 1mg #30 is not medically necessary. The ODG states that sleep aids are not recommended for long term use, but recommended for short-term use. While sleeping pills, so called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialist rarely, if ever, recommend them for long-term use. They can be habit-forming and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over long-term. Ambien is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found mild tranquilizers to be effective for up to 24 weeks in adults. According to the medical records it is unclear how long the claimant was on the sleeping aid medication of this class. Additionally, there is no documentation of sleep disorder requiring this medication. It is more appropriate to set a weaning protocol at this point. Eszopiclone in this case is not medically necessary.

LESI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 47.

Decision rationale: A Lumbar epidural steroid injection is not medically necessary. The California MTUS page 47 states the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active

treatment programs, and avoiding surgery, but this treatment alone is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy; if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. In the therapeutic phase repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections. The physical exam lack documentation of neurological deficits and the MRI was not evident of a nerve root compression; therefore, the requested procedure is not medically necessary.