

Case Number:	CM15-0115140		
Date Assigned:	06/23/2015	Date of Injury:	01/25/2007
Decision Date:	07/28/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/15/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 female, who sustained an industrial injury on 1/25/2007. She reported a right hand injury from being crushed by a door. The injured worker was diagnosed as having complex regional pain syndrome of the right upper limb with potential spread to left upper limb and trunk, following crush injury to the right hand. Treatment to date has included diagnostics, triangular fibrocartilage repair and carpal tunnel release, physical therapy, spinal cord stimulator, and medications. On 4/29/2015, the injured worker complained of constant, moderate to high severity pain, affecting her right arm and hand. She was not working and reported no new injuries. She reported constant burning, aching prickling pain, affecting her right upper limb, from fingers to shoulders. The pain extended into her head and neck, upper and mid back, chest, and abdomen. Pain also affected her shoulders and hands. She was using her spinal cord stimulator daily, together with pain medications, to reduce pain by about 50%. Pain was rated 5/10 with medication and 10/10 without. She was instructed to see her primary care physician regarding diagnostic abnormalities consistent with diabetes mellitus and potential vasculitis. Her medications included Gabapentin, Cymbalta, Tramadol, Tylenol #4, Amitriptyline, and Ambien. Her work status was permanent and stationary. A review of symptoms noted severe pain, hypersensitivity, decreased circulation, insomnia, anxiety, and depressed mood. The treatment plan included continued medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopiclone, provided on April 29, 2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Med Lett Drugs Ther. 2005 Feb 28; 47 (1203): 17-9.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia treatment.

Decision rationale: Eszopiclone (Lunesta) is a prescription short-acting non-benzodiazepine sedative-hypnotic, which is recommended for short-term treatment of insomnia (two to six weeks). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. Lunesta is indicated for the treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. According to the ODG guidelines, non-Benzodiazepine sedative-hypnotics are considered first-line medications for insomnia. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which have potential for abuse and dependency. It appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. Eszopiclone has demonstrated reduced sleep latency, sleep maintenance, and is recommended for short-term use. In this case, there was documentation that the patient had a history of insomnia; however, this was no documentation of efficacy with prior use or any specific documentation of functional benefit. Medical necessity of the requested item was not established. The requested medication was not medically necessary.

Duloxetine, provided on April 29, 2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13, 15-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Antidepressants for chronic pain: Cymbalta.

Decision rationale: According to the California MTUS Guidelines, antidepressants are indicated for the treatment of chronic musculoskeletal pain. They are recommended as a first-line option for neuropathic pain, and as a possibility for non-neuropathic pain. Cymbalta (Duloxetine) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRI). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy. In this case, there was no documentation of objective functional benefit with prior medication use. In addition, the dose of the medication was not provided. Medical necessity for Cymbalta was not established. The requested medication was not medically necessary.

Gabapentin, provided on April 29, 2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 17-19. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) AEDs.

Decision rationale: According to the CA MTUS (2009) and ODG, Neurontin (Gabapentin) is an anti-epilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia, and has been considered as a first-line treatment for neuropathic pain. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. In this case, there was no documentation of objective functional improvement with use of the medication. In addition, the dose of this medication was not provided. Medical necessity for Neurontin was not established. The requested medication was not medically necessary.

Prospective use of Eszopiclone: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Med Lett Drugs Ther. 2005 Feb 28; 47 (1203): 17-9.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia treatment.

Decision rationale: Eszopiclone (Lunesta) is a prescription short-acting non-benzodiazepine sedative-hypnotic, which is recommended for short-term treatment of insomnia (two to six weeks). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. Lunesta is indicated for the treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. According to the ODG guidelines, non-Benzodiazepine sedative-hypnotics are considered first-line medications for insomnia. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which have potential for abuse and dependency. It appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. Eszopiclone has demonstrated reduced sleep latency, sleep maintenance, and is recommended for short-term use. In this case, there is documentation that the patient has a history of insomnia; however, there is no documentation of efficacy with prior use or any specific documentation of functional benefit. Medical necessity of the requested item has not been established. The requested medication is not medically necessary.

Prospective use of Duloxetine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13, 15-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Antidepressants for chronic pain: Cymbalta.

Decision rationale: According to the California MTUS Guidelines, antidepressants are indicated for the treatment of chronic musculoskeletal pain. They are recommended as a first-line option for neuropathic pain, and as a possibility for non-neuropathic pain. Cymbalta (Duloxetine) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRI). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy. In this case, there is no documentation of objective functional benefit with prior medication use. In addition, the dose of the medication is not provided. The medical necessity for Cymbalta has not been established. The requested medication is not medically necessary.

Prospective use of Gabapentin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 17-19.

Decision rationale: According to the CA MTUS (2009) and ODG, Neurontin (Gabapentin) is an anti-epilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia, and has been considered as a first-line treatment for neuropathic pain. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. In this case, there is no documentation of objective functional improvement with use of the medication. In addition, the dose of this medication has not been provided. Medical necessity for Neurontin has not been established. The requested medication is not medically necessary.