

Case Number:	CM15-0122096		
Date Assigned:	07/06/2015	Date of Injury:	04/03/1996
Decision Date:	08/04/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/24/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 72 year old male who sustained a work related injury April 3, 1996. He reported he aggravated an old back injury from 1975 and having to stand six to seven hours at a state mandated pesticide applicators seminar. Diagnoses are failed back surgery syndrome; left lower extremity radiculopathy; insomnia secondary to chronic pain; and intrathecal opioid therapy. Treatment has included surgery, intrathecal opioid pain pump and medication. According to a comprehensive history and physical examination report, dated May 28, 2015, the injured worker complained of neck pain, rated 2/10, with radiation into the shoulder blades with numbness and tingling to the left upper extremity. Physical examination revealed the pump pocket is intact without erythema or exudate and was negative on neurologic extremity exam. At issue is a request for authorization for Lunesta and CT scan of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3 MG #30 with 3 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 (ODG), Mental Illness and Stress chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults. Schutte-Rodin S, et al, J Clin Sleep Med 2008; 4(5):487-504.

Decision rationale: Lunesta (eszopiclone) is a non-benzodiazepine hypnotic agent indicated for the treatment of insomnia. According to the definition by the consensus guideline for treatment of insomnia, insomnia is the subjective perception of difficulty with sleep initiation, duration, consolidation, or quality that occurs despite adequate opportunity for sleep, and that results in some form of daytime impairment. Importantly, the diagnosis requires this associated daytime dysfunction (by definition as per the International Classification of Sleep Disorders). Once diagnosis is made and secondary causes have been ruled out, first line treatment is with a non-benzodiazepine hypnotic agent. The MTUS does not comment on insomnia or use of Lunesta. This patient has used Lunesta for over 1 month for a sleep disorder considered to be secondary to pain. The medical records do not document the presence of daytime symptoms nor an evaluation to identify whether the cause of the disorder is due to the patient's pain symptoms or other comorbid disease states. If pain is the true cause of the sleep disorder then optimizing treating pain, not inducing sleep, is the goal of therapy. For example, sedating antidepressants are a MTUS recommended first line of treatment for chronic pain but this patient is not on any of these medications. Continued use of this medication is thus not medically indicated until the above evaluation is completed. Medical necessity has not been established.

CT Scan of The Cervical Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 8 Neck and Upper Back Complaints Page(s): Chp 1, pg 2; Chapter 8, page(s) 165, 169-72, 177-8, 182, and 184-8. Decision based on Non-MTUS Citation American College of Radiology, Appropriateness Criteria for the Imaging of Chronic Neck Pain, Revised 2013.

Decision rationale: Computed tomography (CT) scanning is a technology that uses computer-processed X-rays to produce tomographic images (virtual 'slices') of specific areas of the scanned object, that is, it basically allows the user to see inside the object without cutting the object open. It can be used for both diagnostic and therapeutic purposes. Imaging of the neck is indicated in acute injuries with associated "red flags", that is, signs and symptoms suggesting acutely compromised nerve tissue. In chronic situations the indications rely more on a history of failure to improve with conservative therapies, the need for clarification of anatomy before surgery, or to identify potentially serious problems such as tumors or nerve root compromise. According to the American College of Radiology, radiography is the mainstay imaging technique used for the first study for chronic neck pain, whereas computed tomography (CT) for chronic neck pain is recommended following failure of conservative management and only if a MRI is contraindicated. This is the crux of the decision to use this test. The patient has not been given an adequate trial of conservative therapy nor is a MRI contraindicated. Medical necessity for this procedure has not been established.

