MAXIMUS Federal Services

Case Number:	CM15-0126146		
Date Assigned:	07/10/2015	Date of Injury:	06/03/2014
Decision Date:	08/11/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	06/30/2015

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: Family Practice

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 46 year old female who sustained an industrial /work injury on 6/3/14. She reported an initial complaint of back pain and insomnia. The injured worker was diagnosed as having lumbar spine myofascitis with radiculopathy, headache, and psyche deferred. Treatment to date includes medication, group psychotherapy, biofeedback, and diagnostics. MRI results were reported on 2/3/15. Currently, the injured worker complained of chronic back pain with bilateral sciatica, insomnia and nightmares along with depression, headaches, and back pain. The injured worker has noted it has been the anniversary of when a child was killed in front of her. Per the orthopedic physician's report (PR-2) on 6/16/15, exam noted normal gait and range of motion, sitting root tension signs and lumbosacral tenderness, strength is normal, and flexion at 45 degrees. The requested treatments include Lunesta and chiropractic, in-house, to the lumbar spine. The progress report notes that the injured worker had been taking Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, 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) Mental Illness and Stress Chapter/Eszopicolone (Lunesta).

Decision rationale: The Official Disability Guidelines recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. Per ODG, while sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists 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 the long-term. ODG further notes that eszopicolone (Lunesta) had a Hazard ratio for death of 30.62 (C.I., 12.90 to 72.72), compared to zolpidem at 4.82 (4.06 to 5.74). The medical records note that the injured worker had been previously utilizing Ambien, and at this time a request is made for Lunesta. The long term use of hypnotics is not supported per the referenced guidelines. As noted in ODG, in general, receiving hypnotic prescriptions was associated with greater than a threefold increased hazard of death even when prescribed less than 18 pills/year. Furthermore, the medical records do not establish a dosage or quantity requested for this medication. As noted in ODG, the FDA has lowered the recommended starting dose of eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women. Previously recommended doses can cause impairment to driving skills, memory, and coordination as long as 11 hours after the drug is taken. Despite these long-lasting effects, patients were often unaware they were impaired. (FDA, 2014). The request for Lunesta is therefore not medically necessary and appropriate.

Chiropractic, in-house 8 visits lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: According to the MTUS guidelines, manual therapy & manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The request is for continued treatment. However, the medical records do not establish evidence of subjective and objective functional improvement obtained from past chiropractic treatments. The request for Chiropractic, in-house 8 visits lumbar spine is not medically necessary and appropriate.