MAXIMUS Federal Services

Case Number:	CM15-0127038		
Date Assigned:	07/13/2015	Date of Injury:	09/13/2002
Decision Date:	08/13/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/01/2015

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: Physical Medicine & Rehabilitation, Pain Management, 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 66 year old female who sustained an industrial /work injury on 9/13/02. She reported an initial complaint of back, knee, and shoulder pain. The injured worker was diagnosed as having left shoulder glenohumeral arthrosis with chronic rotator cuff tear, thoracic/lumbosacral neuritis/radiculitis, and osteoarthrosis, unspecified. Treatment to date includes medication, diagnostics, surgery (left shoulder arthrotomy with reverse total shoulder arthroplasty on 6/3/15), physical therapy, left shoulder immobilizer, epidural steroid injection, and transcutaneous electrical nerve stimulation (TENS) unit. MRI results were reported on 9/10/13. Currently, the injured worker complained of post op left shoulder pain, along with back and knee pain. Per the primary physician's report (PR-2) on 6/15/15, exam notes left shoulder is in a sling, range of motion not assessed due to recent surgery, bilateral lumbosacral paraspinous tenderness and trigger points palpated, antalgic gait, and right leg radicular pain. Current plan of care included medication. The requested treatments include Lunesta 3mg and Vistaril 25mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg Qty 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: ODG recommends Lunesta for short term use and recommends against long term use. The hazard ratio for death with less than 18 pills year is approximately 30. The ongoing use of Lunesta is not supported by ODG and therefore Lunesta is not medically necessary in this case.

Vistaril 25mg Qty 180: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.accessdata.fda.gov/drugsatfda_docs/label/2014/011459s048,011795s025lbl.pdf (Vistaril).

Decision rationale: There are no specific guidelines concerning the use of Vistaril. The FDA provides indications such as anxiety, itching and as a sedative before and after anesthesia. The notes indicate that the medication relieves nausea associated with medication use. This request for Vistaril does not meet primary indications for Vistaril but a questionnaire indicates that it completely relieves nausea. Vistaril is anti-histamine and its use should not lead to significant harm. Therefore, even though its use in this context is not consistent with FDA indications, Vistaril is medically necessary in this situation since it is effective in relieving nausea.