

<b>Case Number:</b>	CM15-0128401		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	10/17/2014
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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: Connecticut, California, Virginia  
 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 33 year old male, who sustained an industrial injury on 10/17/2014 when he fell approximately 15 feet, landing on his right side and hitting the right side of his head. Diagnoses include traumatic brain injury, retrograde amnesia with brain injury, post traumatic headaches, status post open reduction for right radial fracture, status post right carpal tunnel release, status post left wrist surgery and wrist pain. Treatment to date has included surgical intervention of his injuries as well as conservative measures consisting of diagnostics and medications for symptom management. Current medications include Hydrocodone, Trazodone and Nortriptyline. Per the Primary Treating Physician's Progress Report dated 5/15/2015, the injured worker reported bilateral wrist, hand and right knee pain and persistent headaches. He reports difficulty with memory and he cannot remember daily tasks. He has difficulty sleeping and has headaches 2-3 times per week which last for several hours. Upon physical examination he was alert but not oriented to time. He could not recollect his phone number or remember the day of the week. He could not recollect his address, perform a series of 7 or recollect 3 objects. Neurological exam was positive for a headache. There was spasm noted in the cervical paraspinal muscles. His left wrist was in a cast status post surgery. The plan of care included therapy and medications and authorization was requested on 6/03/2015 for Lunesta 2mg, Hydrocodone 5/325mg, 8 sessions of speech therapy and 24 sessions of occupational therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Lunesta 2mg #30: 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, Eszopicolone (Lunesta).

**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, Lunesta.

**Decision rationale:** The CA MTUS does not specifically address use of Lunesta; therefore the ODG provides the preferred mechanism for assessment of clinical necessity in this case. The ODG recommends limiting use of hypnotics like Lunesta to three weeks maximum in the first two months of injury only, and discourages use in the chronic phase. 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. Given the guidelines and the provided documents, the request is not considered medically necessary at this time.

**1 prescription of Hydrocodone 5/325mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-going Management; Opioids, specific drug list, Hydrocodone/Acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

**Decision rationale:** Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably non-certified the request given the lack of evidence to support prior requests for Norco. Given the lack of clear evidence to support functional improvement on similar

medications and the chronic risk of continued treatment, the request for additional opioids is not considered medically necessary.

**24 sessions of occupational therapy: 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), Head, Physical Medicine.

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

**Decision rationale:** The MTUS Chronic Pain Management Guidelines (pages 58-59) indicate that manual therapy and manipulation are recommended as options. The guidelines indicate a need to evaluate treatment success. Therefore, the patient needs to be evaluated for functional improvement prior to the completion of 24 visits in order to meet the standards outlined in the guidelines. The guidelines indicate a time to produce effect of 4-6 treatments, which provides a reasonable timeline by which to reassess the patient and ensure that education, counseling, and evaluation for functional improvement occur. In this case, the request for a total of 24 visits to occupational therapy without a definitive plan to assess for added clinical benefit prior to completion of the entire course of therapy is not considered medically necessary.