

Case Number:	CM15-0129847		
Date Assigned:	07/16/2015	Date of Injury:	09/06/2012
Decision Date:	08/20/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/06/2015

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, Massachusetts

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 51 year old with an industrial injury dated 09/06/2012. His diagnoses included lumbar disc displacement without myelopathy, disorders sacrum, depression, sciatica, unspecified major depression, generalized anxiety disorder and pain (psychogenic). Prior treatments included physical therapy, chiropractic, epidural steroid injection, cognitive behavioral therapy, and functional restoration program and facet joint injections. He had been approved for aqua therapy and massage therapy. He had a scheduled appointment with mental health. He presents on 04/23/2015 without any changes in his pain since his previous visit. He currently reported lower back rated as 5/10. He also continued to note anxiety and depression secondary to his injury. He complained of pain in lower back with radiation into his right lower extremity with radicular symptoms occurring posteriorly extending into his right calf. The pain is worse with activity and prolonged sitting or standing. The pain was made better with rest and medications. There was normal range of motion of the lumbar spine. Sensation was decreased in the dermatomes lumbar 4 and lumbar 5. Straight leg raise was negative. There was spasm and guarding of the lumbar spine. His current medications were Diclofenac Sodium cream, Docusate Sodium, Orphenadrine (Norflex ER), Mirtazapine, Pantoprazole (Protonix), Alfuzosin HCL and Norco (brand only). The injured worker noted Mirtazapine was no longer helping him with sleep and made him drowsy during the day. He also reports gastrointestinal upset if he does not utilize Protonix. He sates Norco gives him approximately 25% pain relief and provides a functional benefit of increased tolerance for walking. Treatment plan included medications, home exercise, discontinue Mirtazapine and Orphenadrine Norflex ER (not using). Treatment plan included replacing Mirtazapine with Lunesta and a trial of Prozac. The injured

worker had been off Zoloft for a while and was having episodes of crying and distress. Norco was also requested. The requested treatment for Fluoxetine (Prozac) 20 mg # 30 was authorized. Treatment request is for Eszopiclone 1 mg #30 and Norco 10/325 mg #60. The provider documents urine drug screen results from previous visit were not ready for review and would be reviewed at the next visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopiclone 1mg #30: Overturned

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

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

Decision rationale: While MTUS is silent regarding specific insomnia treatments such as eszopiclone, according to the ODG guidelines, eszopiclone which is a non-benzodiazepine sleep aid, has the added benefit of decreased side effect profile and risk of dependence than benzodiazepines. According to ODG, eszopiclone "has demonstrated reduced sleep latency and sleep maintenance and is the only benzodiazepine-receptor agonist that is FDA approved for use longer than 35 days". The ODG goes on to cite randomized, double blinded, controlled clinical trials which indicate that this medication resulted in significant improvement. From my review of the records it appears that this medication is a new one and that it has not been used chronically and there is no reported side effect or adverse drug effect. Based on the ODG guidelines, which includes FDA guidelines and referenced clinical trials, this medication is medically necessary at this time to treat the IW's insomnia.

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): s 79-96.

Decision rationale: CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records, the patient is experiencing quantifiable improvement with ongoing use of long-acting opioids such as the prescribed medication. VAS score have improved with noted improvement in objective physical exam findings and functional capacity. There has been no escalation, UDS have been appropriate, there are no reported side effects, and no reported concerns of abuse. While continued use of short acting opioids on a PRN basis is supported by the medical records and guidelines, a generic

hydrocodone with APAP should be prescribed in lieu of the prescribed trade name Norco. Therefore, the request is not medically necessary.