

Case Number:	CM15-0177080		
Date Assigned:	10/09/2015	Date of Injury:	04/24/2007
Decision Date:	11/24/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/09/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male, who sustained an industrial injury on 4-24-07. The injured worker was diagnosed as having C5-6 and C6-7 disc herniation with bilateral cervical radiculopathy and L5-S1 disc herniation without radiculopathy. Treatment to date has included acupuncture and transdermal creams. Physical examination findings on 6-18-15 included midline and right paracervical musculature tenderness with spasm into the trapezius. Spurling's maneuver was noted to be mildly positive and painful chin to chest flexion and left rotation was noted. On 6-18-15, the injured worker complained of pain in the neck and back rated as 9 of 10. On 6-18-15, the treating physician requested authorization for an orthopedic re-evaluation in 6 weeks and Lunesta 3mg #30. On 9-1-15, the requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Orthopedic re-evaluation in 6 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back - Lumbar & Thoracic (Acute & Chronic): Office visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127 MTUS Pain outcomes and endpoints.

Decision rationale: The records indicate the patient has chronic complaints of neck and lower back pain. The neck complaints have been worsening. The current request for consideration is for orthopedic re-evaluation in 6 weeks. The attending physician report dated 6/8/15, page (14b) states, "the patient will return to the office within six weeks for orthopedic re-evaluation. We are requesting formal authorization." ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." In this case, the attending physician is not requesting an outside orthopedic referral, but is simply requesting authorization to follow-up with his patient in six weeks, which is recommended by MTUS and ACOEM for managing worker's compensation cases. As such, the request is medically necessary.

Lunesta 3mg #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), Pain (Chronic): Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental illness and stress chapter, Lunesta.

Decision rationale: The records indicate the patient has chronic complaints of neck and lower back pain. The neck complaints have been worsening. The current request for consideration is for Lunesta 3mg #30. The attending physician is requesting Lunesta to help the patient sleep. The ODG has this to say about Lunesta: Not recommended for long-term use, but recommended for short-term use. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage 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. In this study, eszopiclone (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). In general, receiving hypnotic prescriptions was associated with greater than a threefold increased hazard of death even when prescribed less than 18 pills/year. 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. In this case, the records indicate the patient has been dealing with his spinal complaint since 2007 and is surely in the chronic phase. The records also indicate the patient has been taking these medications since at least April of 2015. The ODG recommends limiting the use of hypnotics to three weeks maximum in the first two months of injury, and discouraging the use of these drugs in the chronic phase. The current request is not consistent with ODG guidelines and is therefore not medically necessary.