

Case Number:	CM15-0025616		
Date Assigned:	02/18/2015	Date of Injury:	02/25/2002
Decision Date:	04/01/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/10/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 59 year old male with an industrial injury dated 02/25/2002 when a case of soda fell on the injured worker's head resulting in injury of the head, neck and left shoulder. His diagnoses include shoulder pain, neck pain, cervical radiculopathy, and other psychological circumstances. No recent diagnostic testing was submitted or discussed. Previous treatments have included conservative care, medications, and home exercise program. In a progress note dated 09/22/2014, the treating physician reports bilateral neck pain described as aching, burning, pins and needles sensation, sharp and sore with a pain rating of 6/10 and radiating to the left upper extremity. Current medications included Lunesta. The objective examination revealed tenderness to palpation of the cervical paraspinals and spinal processes, limited rotation of the left upper shoulder, and no noted changes in myofascial pain, cervical radiculopathy or neck pain. The treating physician is requesting Baclofen and Lunesta which were denied/modified by the utilization review. On 01/13/2015, Utilization Review non-certified a prescription for Baclofen 10mg #90, noting that the recommended oral dose is 5mg 3 times a day, lack of clarity whether the injured worker has been already taking this medications or whether this is a new prescription, and the recommendation for short term use only. The MTUS Guidelines were cited. On 01/13/2015, Utilization Review non-certified a prescription for Lunesta 3mg #30, noting that the injured worker had not been seen since October and the lack of high-quality medical evidence to support the ongoing provision of sleep agents. The ODG Guidelines were cited. On 02/10/2015, the injured worker submitted an application for IMR for review of Baclofen 10mg #90 and Lunesta 3mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen Page(s): 64.

Decision rationale: According to the MTUS, Baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia, non- FDA approved). (ICSI, 2007). According to the documents available for review, IW has none of the MTUS / FDA recommended indications for the use of this medication. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established.

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, Mental and Stress Chapter, Eszopicolone.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (Chronic), Insomnia.

Decision rationale: According to the ODG, the Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists) are First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency. Although direct comparisons between benzodiazepines and the non-benzodiazepine hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. Eszopicolone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. (Morin, 2007) The only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. According to the documents available for review, the injured worker does not carry diagnoses of insomnia. Furthermore the patient has been using this medication for long-term treatment. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.

