MAXIMUS Federal Services

Case Number:	CM15-0069151		
Date Assigned:	04/16/2015	Date of Injury:	04/13/2010
Decision Date:	05/19/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/13/2015

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

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 43 year old male, who sustained an industrial injury on 4/13/10. He reported initial complaints of right elbow and back pain. The injured worker was diagnosed as having chronic pain syndrome; status post lumbar fusion; status post hardware removal; status post spinal cord stimulator trail; chronic neck pain with cervicogenic headaches; epicondylitis right elbow. Treatment to date has included status post lumbar L5-S1 TLIF (929/11); status post removal of hardware (1/15/03); status post spinal cord stimulator trial (8/26/13); EMG/NCV upper extremities (10/7/10); cervical spine MRI (9/27/12); physical therapy; acupuncture; medications. Currently, the PR-2 notes dated 2/26/15 indicate the injured worker complains of constant moderate to severe pain affecting the low back, neck, legs and head. He is working a modified duty at this time. He reports the back pain has been too severe with standing even with a break every two hours and he has missed work. He has not tried a corset drawstring back brace. His neck pain continues to cause spams and headache that radiate into the shoulders but the Fioricet helps the headaches. He has thought about the option for epidural injection and wishes to proceed with a trial. His low back pain is constant and sharp at the site of his scar/fusion and is 9/10 without Norco and ibuprofen and 5/10 with medications. He tried a spinal accord stimulator which helped the back and leg pain but also caused uncomfortable rib and genital stimulation and decided against a permanent implant. Cervical spine pain causes headaches which can be totally disabling. Pain is 9-10/10 without medications and 5-6/10 with medications. Pain in the cervical area has not responded to acupuncture, chiropractic therapy or physical therapy. Narcotic use

agreement/risk consent is on record and the injured worker has been compliant. A review of the systems is positive for headaches, spasm, radiating pain, numbness, tingling, anxiety, insomnia and depression. The provider's treatment plan included a request for Lunesta 3mg quantity 30 which was denied at Utilization Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg quantity 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, Pain Chapter: Eszopiclone (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter & Mental Illness and Stress Chapter, Insomnia Topics.

Decision rationale: Regarding the request for Lunesta, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is diagnosis of insomnia, anxiety, and depression for which the patient is receiving treatment from a psychiatrist. However, there is no clear documentation regarding how frequently the insomnia complaints occur, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to Lunesta treatment. Furthermore, it appears that Lunesta is not being used for short term use as recommended by guidelines. In the absence of such documentation, the currently requested Lunesta is not medically necessary.