

Case Number:	CM15-0072546		
Date Assigned:	04/22/2015	Date of Injury:	06/26/2003
Decision Date:	05/28/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/16/2015

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: 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 55 year old female, who sustained an industrial injury on 6/26/2003. She reported low back pain. The injured worker was diagnosed as having lumbar herniated nucleus pulposus. Treatment to date has included medications, lumbar surgery, and magnetic resonance imaging. The request is for Lunesta, Provigil, and Cymbalta. On 3/2/2015, she rated her low back pain as 8-9/10. The records indicate she has not been back to work since the incident. She reported depressed mood, hypersomnia, irritability, anxiety, and poor concentration. On 3/23/2015, she is seen for continued low back pain. The treatment plan included: Lunesta, and Flexeril. The records indicate she has been utilizing Cymbalta and Lunesta since at least 10/27/2014. Several pages of the available medical records are handwritten and difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg Qty 30: Upheld

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

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

Decision rationale: The Official Disability Guidelines do not recommend the long-term use of any class of sleep aid. The patient has been taking Lunesta longer than the maximum recommended time of 4 weeks. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Lunesta 3mg Qty 30 is not medically necessary.

Provigil 100mg Qty 30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Modafinil (Provigil®).

Decision rationale: The Official Disability Guidelines do not recommend Provigil solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. Use with caution as indicated below. Indications: Provigil is indicated to improve wakefulness in adult patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder. There is not evidence the patient has increased functionality with the use of Provigil. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Provigil 100mg Qty 30 is not medically necessary.

Cymbalta 60mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13, 43-44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 14, 105.

Decision rationale: Recommended as an option in depressed patients for non-neuropathic pain, but effectiveness is limited. There is no documentation of functional improvement while taking Cymbalta. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Cymbalta 60mg Qty 90 is not medically necessary.