

Case Number:	CM14-0107043		
Date Assigned:	09/16/2014	Date of Injury:	05/05/2011
Decision Date:	11/19/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/10/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records, presented for review, indicate that this 57-year-old gentleman was reportedly injured on May 5, 2011. The mechanism of injury was noted as a slip and fall off a ladder. The most recent progress note, dated June 26, 2014, indicated that there were ongoing complaints of heart burn, abdominal bloating, dark urine, shortness of breath, and difficulty sleeping. Current medications include tramadol, Norco, Flexeril, Naprosyn, and omeprazole. The physical examination demonstrated tenderness at the border of the liver. There was decreased lumbar spine range of motion and the patient was with ambulation, with an antalgic gait. An essential tremor was noted of the upper extremities. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included physical therapy, a knee brace, oral medications, a right knee medial and lateral meniscectomy followed by a total right knee replacement performed on April 23, 2012. A request had been made for eszopiclone, monthly medication management, and six sessions of cognitive behavioral therapy and was not certified in the pre-authorization process on June 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopiclone 3 mg. # 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 Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC / ODG: Integrated Treatment/Disability Duration Guidelines; Mental Illness & Stress - Eszopiclone (updated 6/12/14)

Decision rationale: Lunesta (eszopiclone) is a medication indicated for the treatment of insomnia. The majority of studies involving insomnia treatment have only evaluated short-term treatment (less than 4 weeks). These medications are recommended for short-term use due to risk of tolerance, dependence, and adverse effects such as daytime drowsiness amnesia, impaired cognition, and impaired psychomotor function. A review of the medical records indicate that the injured employee has been prescribed this medication for an extended period of time. As such, this request for eszopiclone is not medically necessary.

Monthly Medication Management: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee and Leg, Office Visits, Updated October 7, 2014.

Decision rationale: The injured employee was previously authorized a medication management visit on June 11, 2014. As the injured employee will also continued to be seen on a regular basis for his chronic pain issues, it is unclear why there is an additional request for monthly medication management. As such, this request for monthly medication management is not medically necessary.

Weekly CBT (Cognitive Behavioral Therapy X 6): 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): Psychotherapy Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Mental Illness and Stress, Cognitive Behavioral Therapy for Depression, Updated June 12, 2014.

Decision rationale: The Official Disability Guidelines recommends 13 to 20 visits per cognitive behavioral therapy for depression if progress is being made. A review of the medical records indicates that the injured employee has previously attended cognitive behavioral therapy; however, there is no noted efficacy from attending these prior sessions. Considering this, the request for six additional sessions of weekly cognitive behavioral therapy is not medically necessary.