MAXIMUS Federal Services

Case Number:	CM13-0051769		
Date Assigned:	12/27/2013	Date of Injury:	05/05/1998
Decision Date:	03/17/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management , has a subspecialty in Disability Evaluation 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 physician 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 patient is a 57-year-old female who sustained an injury on 5/5/1998. The mechanism of injury is not noted. The accepted body parts were the knees, but the lumbar back was not an accepted body part. The patient was status post multiple right knee joint surgeries. She had chronic lumbar backaches, predominant right more than left lower extremity sympathetically mediated pain, radicular pain, and recurrent myofascial strain. She was diagnosed with complex regional pain syndrome (CRPS) that was reflex sympathetic dystrophy (RSD) of the right lower extremity. Clinical examinations of 10/18/12 and 11/16/12 documented tenderness and reduced lumbar range of movements with presence of lumbar scar. Neither follow up examination addressed the knee joint examinations or any relative findings involving the lower extremities. The patient also failed lumbar back surgery syndrome, CRPS of the right lower extremity, and had spinal cord stimulator in situ as well as intrathecal pump in situ for the treatment of intractable chronic pain. The clinical visit from 7124113 indicated a complaint of right knee pain. Exam findings noted a positive thrombotic thrombocytopenic purpura (TTP) of the right knee. The care plan directed the use of Opana IR 10mg, 1-2 tablets 4 times a day (QID), up to 8 tablets per day, Baclofen, Ultracin, and a follow- up. Documentation from 8/19/13 noted a refill of an intrathecal pump. The report from 8/21/13 indicated that benefits of an opioid regimen outweighed risks. Opana IR and Lunesta were directed. The 9/19/13 report characterized the pain as dull, throbbing, sharp, and aching with electric pins and needles. Pain was noted to be constant and increased by walking. In addition to a refill of Opana IR and Lunesta, a care plan directed continuation of Topamax, Baclofen, Senna, and Bus par. On 10/17/13, a visit addressed that the patient was falling a lot and his right knee pain had worsened. The care plan directed a pain diary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana IR 10mg, #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids Page(s): 78-79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Opana) Page(s): 93.

Decision rationale: While the treating physician has indicated that the benefits of the opioid regimen outweigh the risks, the documentation indicates that symptoms and function are worse with use of the requested medication. Opioid analgesia for this patient includes use of Opana and intrathecal pump medication. ODG does not recommend this medication. Due to issues of abuse and Black Box FDA warnings, Oxymorphone is recommended as second line therapy for long acting opioids. Oxymorphone products do not appear to have any clear benefit over other agents and have disadvantages related to dose timing (taking the IR formulation with food can lead to overdose), and potential for serious adverse events (when the ER formulation is combined with alcohol use a potentially fatal overdose may result). The previous UR physician modified Opana IR 10mg, 1-2 tablets BID (twice daily) PRN severe pain, #120, to facilitate weaning toward discontinuation. Therefore the request for Opana 10mg IR #240 is not medically necessary.

Lunesta 3mg, #30 with 1 refill: 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), Treatment Index,11th edition (online version),2013, Pain Chapter, Insomnia Treatment

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

Decision rationale: With respect to the prescription of Lunesta 3mg, #30 with 1 refill, the guideline states that 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. However these medications are recommended for short term use (1-2 weeks), The ODG states that failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Therefore the request for Lunesta 3mg, #30 with 1 refill is not medically necessary.