MAXIMUS Federal Services

Case Number:	CM14-0007152		
Date Assigned:	02/07/2014	Date of Injury:	05/04/2001
Decision Date:	07/03/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/19/2014

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 Sports Medicine and is licensed to practice in Texas. 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 injured worker is a 68-year-old male with an injury reported on 05/04/2001. The mechanism of injury was not provided within the clinical notes. The clinical note dated 01/21/2014 reported that the injured worker complained of low back pain. Upon physical examination, the injured worker had diffuse tenderness per palpation to his lower back. The range of motion to his lumbar spine demonstrated flexion to 30 degrees, extension to 5 degrees, and right lateral flexion to 10 degrees. The injured worker's prescribed medication list included Opana ER, Norco, Seroquel, Naprosyn, Lunesta, Lidoderm 5% patch, Senokot-S, and clonazepam. The injured worker's diagnoses included complex regional pain syndrome, left lower extremity; status post original implantation of spinal cord stimulation system on 12/10/2002, with replacement of new restore prime generator and leads on 07/14/2006; localized peripheral neuropathic pain over the area of internal pulse generator of spinal cord stimulator; altered gait and increased left knee pain; chronic neuropathic pain; opiate -induced constipation. The provider requested Norco for pain relief; Senokot-S for opiate-induced constipation; Lunesta for insomnia secondary to chronic pain; Seroquel for anxiety and depression. The request for authorization was submitted on 01/19/2014. The injured worker's prior treatments included implantation of a spinal cord stimulator, psychiatric evaluation, and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 (ODG).

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

Decision rationale: The injured worker complained of low back pain. The provider's rationale for Lunesta is for the treatment of insomnia secondary to chronic pain. The Official Disability Guidelines recommend insomnia treatment based on the etiology, with the appropriate medications. The guidelines recognize eszopicolone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. It was reported the injured worker falls asleep after 1 hour of taking Lunesta and obtains 8 hours of sleep. However, the requesting provider did not specify the utilization frequency of the medication being requested. Therefore, the request is not medically necessary.

NORCO 10/325MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, and Opioids, criteria for use Page(s): 91,page 78..

Decision rationale: The injured worker complained of low back pain. The provider's rationale for Norco is for pain relief. The California MTUS Guidelines Norco is a short-acting opioid, which is an effective method in controlling chronic, intermittent or breakthrough pain. The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. It was noted the injured worker had an overall 50% improvement with the utilization of Norco for the treatment of chronic pain. There is a lack of clinical information provided documenting the efficacy of Norco as evidenced by significant objective functional improvements. Furthermore, the requesting provider did not specify the utilization frequency of the medication being requested. Therefore, the request is not medically necessary.

SENOKET-S #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77..

Decision rationale: The injured worker complained of low back pain. The provider's rationale for Senokot-S is for the treatment of opiate-induced constipation. The California MTUS

Guidelines indicate prophylactic treatment of constipation should be initiated. The records indicated the injured worker had previously failed a low dose Senokot regimen. Furthermore, the requesting provider did not specify the dose or frequency of the medication being requested. Therefore, the request is not medically necessary.

SEROQUEL 50MG #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), Treatment Index, 11th Edition(WEB), 2013, Mental Illness and Stress Chapter, Quetiapine (Seroquel).

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 & Stress, Atypical antipsychotics.

Decision rationale: The injured worker complained of low back pain. The provider's rationale for Seroquel is for the treatment of anxiety and depression. The Official Disability Guidelines do not recommend atypical antipsychotics as a first-line treatment. There is a lack of clinical information provided documenting the efficacy of Seroquel as evidenced by decreased anxiety and depression and significant objective functional improvements. Per the guidelines, atypical antipsychotics are not recommended as a first-line treatment; there is a lack of clinical evidence indicating other medication modalities were attempted in the treatment of anxiety and depression prior to Seroquel. In addition, the requesting provider did not specify the utilization frequency of the medication being requested. Given the information provided, there is insufficient evidence to determine appropriateness to warrant medical necessity, therefore, the request is not medically necessary.