

Case Number:	CM14-0008350		
Date Assigned:	02/26/2014	Date of Injury:	02/25/2005
Decision Date:	07/08/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/22/2014

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 Occupational 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:

Patient is a male who has submitted a claim for complex regional pain syndrome, Type I associated with an industrial injury date of 02/25/2005. (age unknown) Progress reports were not made available for review. Per utilization review, patient complained of pain, graded 4-5/10 in severity. Utilization review from 01/22/2014 denied the requests for cymbalta/duloxetine 60mg #30, oxycontin (oxycodone) 10mg #150, oxycodone 5mg #120, lunesta 3mg #30, modafinil 200mg #30, eszopiclone 3mg #30, and duloxetine #30 because there should be evidence of measurable subjective or functional benefit as a result of its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYMBALTA/DULOXETINE 60MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

Decision rationale: Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRI). Pages 43-44 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that Duloxetine is recommended as an option in first-line treatment option in

neuropathic pain, as well as depression. In this case, progress reports were not made available for review. There is no clinical evaluation that would support the diagnosis or the need for medication. The medical necessity was not established due to lack of information. Therefore, the request for Cymbalta/Duloxetine 60mg #30 is not medically necessary.

OXYCONTIN (OXYCODONE) 10MG #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 As for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, progress reports were not made available for review. There is no clinical evaluation that would support the diagnosis or the need for medication. The medical necessity was not established due to lack of information. Therefore, the request for Oxycodone (Oxycodone) 10MG #150 is not medically necessary.

OXYCODONE 5MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, progress reports were not made available for review. There is no clinical evaluation that would support the diagnosis or the need for medication. The medical necessity was not established due to lack of information. Therefore, the request for Oxycodone 5mg #120 is not medically necessary.

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 Section, Lunesta.

Decision rationale: CA MTUS does not specifically address Eszopiclone (Lunesta). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, and the Official Disability Guidelines (ODG) was used instead. It states that Eszopiclone (Lunesta) is a non-benzodiazepine sedative-hypnotic (benzodiazepine-receptor agonist) and is a first-line medication for insomnia. It is a schedule IV controlled substance that has potential for abuse and dependency. Lunesta has demonstrated reduced sleep latency and sleep maintenance, and is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. In this case, progress reports were not made available for review. There is no clinical evaluation that would support the diagnosis or the need for medication. The medical necessity was not established due to lack of information. Therefore, the request for Lunesta 3mg #30 is not medically necessary.

MODAFINIL 200MG #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 Section, Modafinil.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Section was used instead. It states that Modafinil (Provigil) is not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. In this case, progress reports were not made available for review. There is no clinical evaluation that would support the diagnosis or the need for medication. The medical necessity was not established due to lack of information. Therefore, the request for Modafinil 200mg #30 is not medically necessary.

ESZOPICLONE 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 Section, Lunesta.

Decision rationale: CA MTUS does not specifically address Eszopiclone (Lunesta). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations,

Division of Workers Compensation, and the Official Disability Guidelines (ODG) was used instead. It states that Eszopiclone (Lunesta) is a non-benzodiazepine sedative-hypnotic (benzodiazepine-receptor agonist) and is a first-line medication for insomnia. It is a schedule IV controlled substance that has potential for abuse and dependency. Lunesta has demonstrated reduced sleep latency and sleep maintenance, and is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. In this case, progress reports were not made available for review. There is no clinical evaluation that would support the diagnosis or the need for medication. The medical necessity was not established due to lack of information. Therefore, the request for Eszopiclone 3mg #30 is not medically necessary.

DULOXETINE #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

Decision rationale: Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRI). Pages 43-44 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that Duloxetine is recommended as an option in first-line treatment option in neuropathic pain, as well as depression. In this case, progress reports were not made available for review. There is no clinical evaluation that would support the diagnosis or the need for medication. The medical necessity was not established due to lack of information. Therefore, the request for Duloxetine #30 is not medically necessary.