MAXIMUS Federal Services

Case Number:	CM14-0109434		
Date Assigned:	08/01/2014	Date of Injury:	02/23/2007
Decision Date:	11/04/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/14/2014

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 Pain Management 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 injured worker is a 45 year-old male who sustained an injury on 02/23/07. On 02/20/14, he complained of left knee pain, which was aching and sharp; he also had joint tenderness, locking and weakness. On 06/19/14, he presented with bilateral knees and low back pain. The pain was described as aching in the bilateral knees, right wrist and low back. The pain was better with medications, heat, ice and lying down with a rate of 4/10 with pain medications and 6-7/10 without. On exam, right knee revealed tenderness to medial joint line and patellar ligament. Deep tendon reflexes (DTRs) were 2+/4+ on the patellar and achilles. On the left knee, there was tenderness to patellar tendon. Lumbar spine revealed tenderness over the paraspinals and increased pain with flexion and extension. Straight leg raising (SLR) was positive bilaterally. A urine drug screen (UDS) dated 04/24/14 was positive for opiates. He underwent loose body removal, medial and lateral meniscectomy, arthroscopic chondroplasty of patellofemoral joint and medial and lateral femoral condyle on 10/02/12 and a left knee surgery on 03/13/14. His current medications include Exalgo, Norco, Neurontin, Lioresal, Lunesta, Lipitor, Flexeril, and omeprazole. Diagnoses include chondromalacia of patellofemoral joint grade III, insomnia, dysthymic disorder, muscle pain, lumbar facet joint pain, lumbar degenerative disc disease, low back pain, knee pain, chronic pain syndrome, and lateral and medial meniscus tears. The request for Flexeril 5 mg #30 five refills and Lunesta 2 mg #30 three refills was denied on 06/27/14 in accordance with medical guidelines. The request for Norco 10/325 mg #120 was approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5 mg QTY 30 5 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: Per guidelines, Flexeril is recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Cyclobenzaprine is closely related to the tricyclic antidepressants, e.g., amitriptyline. See Antidepressants. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement in low back pain (LBP) and is associated with drowsiness and dizziness. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. In this case, there is little to no evidence of substantial spasm unresponsive to first line therapy. There is no documentation of significant improvement in function with continuous use. Chronic use of this medication is not recommended. Therefore, the medical necessity of the request is not established per guidelines.

Lunesta 2mg QTY 30 3 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain- (Mental Illness & Stress)

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

Decision rationale: The Medical Treatment Utilization Schedule (MTUS)/American College of Occupational and Environmental Medicine (ACOEM) guidelines do not address the issue. Per the Official Disability Guidelines (ODG), Lunesta (eszopiclone) is a new hypnotic that is effective for treatment of insomnia of at least 6 months duration, with no evidence of tolerance, dependence or abuse. It is not recommended for long term use. In this case, there is no documentation of there is no documentation of insomnia unresponsive to first line therapy and improvement in sleep with this medication. Proper sleep hygiene is critical to the individual with chronic pain. Additionally, it is unclear from the records as to how long the injured worker has been taking this medication since guidelines only recommend short-term use only. Therefore, the request is not medically necessary.

Norco 10/325mg QTY 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Opioids, specific drug list Page(s): 74; 91.

Decision rationale: Norco (hydrocodone + acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain injured workers on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The guidelines state continuation of opioids is recommended if the injured worker has returned to work and if the injured worker has improved functioning and pain. The medical records do not establish failure of non-opioid analgesics, such as non-steroidal anti-inflammatory drugs (NSAIDs) or acetaminophen. There is little to no documentation of any significant improvement in pain level (i.e. visual anaog scale [VAS]) or function with prior use to demonstrate the efficacy of this medication. There is no evidence of return to work. Conversion to long-acting opioids should be considered when continuous around the clock pain relief is desired. Therefore, the medical necessity for Norco at the current dosing has not been established based on guidelines and lack of documentation.