MAXIMUS Federal Services

Case Number:	CM14-0011165		
Date Assigned:	05/30/2014	Date of Injury:	07/19/2012
Decision Date:	07/11/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/28/2014

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 Internal Medicine, and is licensed to practice in California, Colorado, Kentucky, and North Carolina. 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 46-year-old injured on July 19, 2012 when she slipped twisting her neck, mid back, and low back. The injured worker was initially treated with home exercise program and ice packs. Current diagnoses include left sacroiliac joint dysfunction, chronic cervical sprain/strain, and chronic lumbar sprain/strain. Additional treatments include physical therapy, chiropractic treatment and medication management. The clinical note dated November 21, 2013 indicates the injured worker presented complaining of increased pain in the neck and a funny feeling in the head after chiropractic treatment. The injured worker indicates Amrix controls spasms and reduces pain. The injured worker reports she sleeps well with Lunesta, Lyrica has improved pain control, and Butrans patch which controls pain level at 6-7/10. The injured worker reports pain varies at 10/10 without medication. Physical assessment reveals an antalgic gait due to left side pain, limited range of motion in the neck and shoulder at end point of range, 5/5 right lower extremity strength and 4/5 left lower extremity strength with functional range of motion, tenderness in the cervical spinous processes, and decreased sensation to light touch on left lower extremity. Medication regimen includes Butrans patch 10mcg per hour, Tramadol 50mg Q 6 hours, Lyrica 100mg 2 tablets BID, Lunesta 3mg QHS, Amrix 15mg 1-2 tabs QHS, and Topiramax 25mg 2 tabs BID. The initial request for Butrans patch 10mcg per hour #4, Lunesta 3mg #30 1 PO QHS was initially non-certified on January 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUTRANS PATCH10 MCG/HOUR #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. The request for Butrans patch 10 mcg/hr, four count, is not medically necessary or appropriate.

LUNESTA 3MG #30 ONE PO QHS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: As noted in the Official Disability Guidelines, Lunesta is not recommended for long-term use, but recommended for short-term use. Current studies recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. The injured worker has exceeded the recommended treatment window. The request for Lunesta 3 mg, thirty count, is not medically necessary or appropriate.