

Case Number:	CM14-0012574		
Date Assigned:	02/24/2014	Date of Injury:	10/03/2004
Decision Date:	07/25/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/31/2014

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:

The patient is a 50-year-old male who has filed a claim for lumbosacral disc degeneration associated with an industrial injury date of October 03, 2004. Review of progress notes indicates low back pain radiating down the leg with bilateral lower extremity pain. Patient reports 75% analgesia with pain medications. Findings include spasms of the lumbar paraspinal muscles, positive lumbar facet loading bilaterally, positive straight leg raise test on the left, and tenderness over the sacroiliac spine on the left. Treatment to date has included NSAIDs, opioids, muscle relaxants, anti-depressants, sedatives, hot/cold packs, home exercise program, aquatherapy, Toradol injections, lumbar epidural steroid injections, and medial branch blocks with neurolysis. Current medications include Soma 350mg, Cymbalta 60mg, Lunesta 2mg, and Percocet 10-325mg. Utilization review from January 08, 2014 denied the requests for Soma 350mg #90 as there was no documentation of acute musculoskeletal injury; Cymbalta 60mg #30 as there was no documentation of neuropathy; Lunesta 2mg #30 as there were no clear indications of insomnia; and Percocet 10-325mg #180 as there was no documentation of previous toxicology results, of functional improvement, or of pain reduction.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10-325 MG. # 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78-82.

Decision rationale: As noted on pages 78-82 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on this medication since at least April 2013. Patient reports that the medications are effective, but there is no documentation regarding objective functional improvement with this medication. Therefore, the request for Percocet 10-325mg #180 was not medically necessary.

LUNESTA 2 MG. # 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), 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) Pain chapter, Insomnia treatment Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG states 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. Patient has been on this medication since at least April 2013. However, there is no documentation of insomnia or sleep difficulty in this patient. Patient reports normal sleep quality. Therefore, the request for Lunesta 2mg #30 was not medically necessary.

CYMBALTA 60 MG. # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) page 15; SNRIs (serotonin noradrenaline reuptake inhibitors) Page(s): 105.

Decision rationale: As noted on pages 15 and 105 of the CA MTUS Chronic Pain Medical Treatment Guidelines, SNRIs are recommended as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. Patient has been on this medication since at least July 2009. In this case, there is no documentation of neuropathic pain, or of trial and failure of tricyclics. Therefore, the request for Cymbalta 60mg #30 was not medically necessary.

SOMA 350 MG. # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) page 29; and Muscle relaxants (for pain), Carisoprodol (Soma, Soprodal 350, Vanadom, generic available) Page(s): 65.

Decision rationale: Pages 29 and 65 of CA MTUS Chronic Pain Medical Treatment Guidelines state that Soma is not recommended. It is not recommended for use longer than 2-3 weeks. Carisoprodol is metabolized to meprobamate an anxiolytic that is a schedule IV controlled substance. Patient has been on this medication since at least July 2009. Although there is documentation of spasms of the lumbar paraspinal musculature, there was no documentation of significant benefit with use of this medication. Also, this medication is not recommended for chronic use. Therefore, the request for Soma 350mg #90 was not medically necessary.