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| Case Number: | CM14-0019937 | | |
| Date Assigned: | 04/28/2014 | Date of Injury: | 07/26/2007 |
| Decision Date: | 07/08/2014 | UR Denial Date: | 01/31/2014 |
| Priority: | Standard | Application Received: | 02/18/2014 |

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 Anesthesiology, has a subspecialty 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 patient is an employee of [REDACTED] and has submitted a claim for low back, bilateral knee, and bilateral ankle pain associated with an industrial injury date of July 26, 2007. Treatment to date has included right Achilles tendinoplasty; post-operative physical therapy; home exercises; H-wave; and medications including Lunesta 3 mg 1 tab PO hs (since February 2012), Lyrica 75 mg 1 cap PO hs (since May 2012), and Morphine Sulphate ER 30 mg QID (since January 2012). Medical records from 2009 through 2014 were reviewed, which showed that the patient complained of low back, bilateral knee, and bilateral ankle pain. Recent progress notes did not document a physical examination. Utilization review from January 31, 2014 denied the request for Lunesta 3 mg because there was no clear description of neuropathic pain in the patient. The same review denied the request for Lyrica 75 mg #60 and Morphine Sulphate ER 30 mg but the rationale for determination was not included in the records for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUNESTA 3MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Non-Benzodiazepine Sedative-Hypnotics.

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.

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, the Official Disability Guidelines (ODG) was used instead. ODG states that eszopiclone (Lunesta) is a non-benzodiazepine sedative-hypnotic that is used as a first-line medication for insomnia. It is a schedule IV controlled substance that has potential for abuse and dependency. In addition, guidelines state that pharmacologic agents should only be used for insomnia treatment after careful evaluation of potential causes of sleep disturbance. In this case, the patient was being prescribed with Lunesta since February 2012 (27 months to date); however, there was no documentation of an evaluation of potential causes of sleep disturbance. The most recent progress note also did not document current sleep disturbance. The present request also failed to indicate the frequency and duration of use of this medication as well as the number of tablets to be dispensed. The request is incomplete. Therefore, the request for Lunesta 3 mg is not medically necessary or appropriate.

LYRICA 75MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 20.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Lyrica has been documented to be effective in the treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. In this case, the patient was being prescribed with Lyrica since May 2012 (24 months to date) for Complex Regional Pain Syndrome manifested by pain at low back, bilateral knees, and bilateral ankles. However, the medical records failed to document pain relief or functional gains derived from its chronic use. Therefore, the request for Lyrica 75mg, sixty count, is not medically necessary.

MORPHINE SULFATE ER 30MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use,

and side effects. In this case, the patient was being prescribed with Morphine Sulphate since January 2012 (28 months to date); however, the records did not clearly reflect continued analgesia, functional benefits, a lack of adverse side effects or aberrant behavior. In addition, there was no discussion regarding non-opiate means of pain control or endpoints of treatment. Furthermore, the present request failed to indicate the frequency and duration of medication use as well as the number of tablets to be dispensed; thus, the request is incomplete. Although opiates may be appropriate, additional information would be necessary, as the Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing opioid management. Therefore, the request for Morphine Sulfate ER 30MG is not medically necessary.