

Case Number:	CM14-0110868		
Date Assigned:	09/16/2014	Date of Injury:	06/22/2007
Decision Date:	10/20/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/16/2014

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 Physical Medicine & Rehabilitation & Pain 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 records presented for review indicate that this 53-year-old female was reportedly injured on June 22, 2007. The most recent progress note, dated June 18, 2014, indicates that there were ongoing complaints of low back pain radiating to the right lower extremity. Current medications include fentanyl patches, Lunesta, Neurontin, Norco, omeprazole, and Zofran. The physical examination demonstrated an antalgic gait favoring the left lower extremity. There was a decreased Achilles reflex bilaterally and decreased sensation at the L3 dermatome of the left lower extremity. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes lumbar spine surgery, a home exercise program, and oral medications. A request had been made for Lunesta, Neurontin, Norco, and fentanyl patches and was not certified in the pre-authorization process on June 26, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUNESTA 3MG 1 TAB AS NEEDED AT BEDTIME FOR 30 DAYS #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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC / ODG Integrated Treatment/Disability Duration Guidelines; Mental Illness & Stress - Eszopicolone (updated 6/12/14)

Decision rationale: The injured worker is diagnosed with headache, thigh pain, low back pain, and lumbar postlaminectomy syndrome. The injured worker complains of lower extremity pain rated 6/10 present and 9/10 at worst. The Official Disability Guidelines do not recommend eszopiclone (Lunesta) for long-term use, but recommend it for short-term use. The medical records indicate the injured worker has been on Lunesta since at least 01/22/2014. The injured worker's medical records lack documentation of the efficacy of the medication, the timeframe of efficacy, and the functional improvement that the medication provides. As such, the request for Lunesta 3 mg 1 tab as needed at bedtime for 30 days #30 is not medically necessary.

NEURONTIN 600MG 1 TABLET EVERY 4 HRS AS NEEDED FOR 30 DAYS #180:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 16-20, 49 of 127..

Decision rationale: The injured worker is diagnosed with headaches, thigh pain, low back pain, and lumbar postlaminectomy syndrome. The injured worker complains of bilateral lower extremity pain rated present 6/10 and at its worst 9/10. The California MTUS Guidelines recommend antiepileptic drugs for neuropathic pain. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. There was a lack of documentation of the efficacy of the medication regimen, the timeframe of efficacy, the efficacy of functional status that the medication provides, and the pain rating pre and post medication. There is a lack of documentation that indicates the injured worker has decreased functional deficits. The guidelines also state that Gabapentin should not be abruptly discontinued, although this recommendation is made based on a seizure therapy. As such, the request for Neurontin 600 mg 1 tablet every 4 hours as needed for 30 days #180 is not medically necessary.

NORCO 10MG/325MG 1 TABLET EVERY 4 HOURS AS NEEDED FOR 30 DAYS #180:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74-78, 88, 91 of 127..

Decision rationale: The injured worker is diagnosed with headache, thigh pain, low back pain, and lumbar postlaminectomy syndrome. The injured worker complains of bilateral lower extremity pain rated 6/10 currently to 9/10 at worst. The California MTUS Guidelines recommend an ongoing review of medications with the documentation of pain relief, functional status, appropriate medication use, and side effects. Additionally, the guidelines recommend that

opioids for chronic back pain be limited for short-term pain relief not greater than 16 weeks. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. There is a lack of documentation that indicates the injured worker has decreased functional deficits. The documentation did not include a recent urine drug screen or documentation of side effects. The guidelines also recommend the medications be no more than 120 mg morphine equivalents per day. The injured worker is prescribed up to 6 Norco 10/325 and fentanyl 75 mcg per hour patch, which equals 240 morphine equivalent dose. As such, the request for Norco 10/325 mg 1 tablet every 4 hours as needed for 30 days #180 is not medically necessary.

FENTANYL 75 MCG/HR TRANSDERMAL PATCH APPLY 1 PATCH EVERY 72HRS FOR 30 DAYS #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 93 of 127..

Decision rationale: The injured worker is diagnosed with headache, thigh pain, low back pain, and lumbar postlaminectomy syndrome. The injured worker complained of bilateral lower extremity pain rated 6/10 currently and 9/10 at worst. The California MTUS Guidelines do not recommend Duragesic as a first line therapy. The FDA states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. There is a lack of documentation indicating the injured worker had significant objective functional improvement with the medication. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. There is a lack of documentation that indicates the injured worker has decreased functional deficits. There is a lack of documentation indicating first line therapy has failed to provide the injured worker with pain relief. The guidelines also recommend the medications be no more than 120 mg morphine equivalents per day. The injured worker is prescribed up to 6 Norco 10/325 and fentanyl 75 mcg per hour patch, which equals 240 morphine equivalent dose. As such, the request for fentanyl 75 mcg per hour transdermal patch apply 1 patch every 72 hours for 30 days #10 is not medically necessary.