MAXIMUS Federal Services

Case Number:	CM14-0133973		
Date Assigned:	08/25/2014	Date of Injury:	07/22/1999
Decision Date:	09/24/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/18/2014

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 Physical Medicine and Rehabilitation, 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:

This is a patient with a date of injury of 7/22/99. A utilization review determination dated 8/8/14 recommends non-certification of Lorzone. Lunesta was modified to #27 and Neurontin was modified to #54 with zero refills. 8/21/14 medical report identifies pain unchanged and activity level has remained the same. On exam, Spurling's causes pain in the muscles of the neck radiating to upper extremity, right shoulder ROM is limited with positive impingement testing, left shoulder positive Neer's, right wrist Tinel's positive. Recommendations include PT, Voltaren, Lorzone, acupuncture, and continue other meds at current doses. With Lunesta, he can get 4 hours of sleep versus none without it.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg #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, 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) Mentall Illness & Stress and Pain Chapters, Eszopicolone (Lunesta).

Decision rationale: Regarding the request for Lunesta, California MTUS does not address the issue. ODG notes that it is recommended for short-term use, but not for long-term use. More specifically, they recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase, as they can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Within the documentation available for review, there is no clear indication for long-term use given the recommendations of ODG. In light of the above issues, the currently requested Lunesta is not medically necessary.

Lorzone 375mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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): 63-66 of 127.

Decision rationale: Regarding the request for Lorzone, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of muscle relaxants. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Lorzone is not medically necessary.

Neurontin 600mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

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): 16-21 of 127.

Decision rationale: Regarding request for Neurontin, Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS) and specific objective functional improvement. In the absence of such documentation, the currently requested Neurontin is not medically necessary.