

Case Number:	CM14-0139045		
Date Assigned:	09/05/2014	Date of Injury:	03/29/2005
Decision Date:	12/17/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/27/2014

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 Family Medicine and is licensed to practice in New York and New Jersey. 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 45 year-old male who was injured on 9/22/06 by undocumented mechanism. He complains of lower back pain radiating to both legs. He has numbness and tingling of both legs and left knee pain. On exam, he had tenderness over the posterior superior iliac spine, decreased range of motion of the lumbar spine, and crepitus of left knee. A lumbar MRI showed disc bulges. He was diagnosed with lumbar sprain with lower extremity radiculitis, lumbar disc protrusions, left knee internal derangement, chondromalacia of the left knee, and medial and lateral meniscal tear of the left knee. His medications included ibuprofen, hydrocodone, and Lorazepam. The patient has returned to work. He uses a TENS unit as needed and compression sleeve for his left knee. A cortisone injection was given in the left posterior superior iliac spine. He describes his pain as 8-9/10 with current medications. Chiropractic care, Bionicare stim unit, and continued exercises at the gym were recommended. Because of the pain in his back, he used Lorazepam to help him sleep at night.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Ranitidine 100/100mg #90 with 3 refills, dispensed on 6/11/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult, Med Lett Drugs Ther. 2005 Feb;47 (1203): 17-9

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request is considered not medically necessary. The patient was on ibuprofen and hydrocodone for back and knee pain. The patient continued with pain. The request is for retrospective prescription of Flurbiprofen/ranitidine. There is no documentation of the patient's response to this medication. The need for GI prophylaxis is not documented. According to MTUS, the patient is at low risk of GI events. He is younger than age 65, does not have a history of PUD, GI bleed or perforation, he does not use aspirin, corticosteroids, or anticoagulants, is not on high dosages or multiple NSAIDs. There were no GI complaints. It is not documented how often the patient uses NSAIDs. There is limited documentation in this short chart. Therefore, the request is considered not medically necessary.

Lunesta 1mg #90 with 3 refills, dispensed on 6/11/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult, Med Lett Drugs Ther. 2005 Feb;47 (1203): 17-9

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Lunesta

Decision rationale: The request is considered not medically necessary. The request is for retrospective prescription of Lunesta. MTUS does not have guidelines for Lunesta, therefore, ODG was used. According to ODG, Lunesta is only recommended for short-term use. "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. In general, receiving hypnotic prescriptions was associated with greater than a threefold increased hazard of death even when prescribed less than 18 pills/year. Previously recommended doses can cause impairment to driving skills, memory, and coordination as long as 11 hours after the drug is taken. Despite these long-lasting effects, patients were often unaware they were impaired." The request for a 3 months' supply with 3 refills exceeds the recommended three week limit. There also has not been any documentation of attempted improvement in sleep hygiene. Because of these reasons, the request is considered not medically necessary.

Hydrocodone/APAP 10/350mg #30, dispensed on 6/11/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult, Med Lett Drugs Ther. 2005 Feb;47 (1203): 17-9

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for Hydrocodone/APAP is considered not medically necessary. The patient has been on opioids for unknown amount of time. There is no documentation all of

the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There were no documented urine drug screenings or drug contract. The patient's pain continued to be 8-9/10 on NSAIDs and opioids. Because there is inadequate control of his back and leg pain and poor documentation of improvement in functional capacity, as well as the 4 A's, the request is considered not medically necessary.