MAXIMUS Federal Services

Case Number:	CM14-0139936		
Date Assigned:	09/08/2014	Date of Injury:	01/08/1997
Decision Date:	10/10/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	08/28/2014

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 and Pain Medicine and is licensed to practice in Florida. 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 55-year-old female who reported an injury on 01/08/1997. The mechanism of injury was not provided within the medical records. The clinical note dated 08/08/2014 indicated diagnoses of chronic low back pain, degeneration of cervical intervertebral disc, degeneration of lumbar disc, and patient visit for long term current drug use. The injured worker reported continued problems with her leg giving out, potential falling episodes with weakness and her leg giving out. The injured worker's prior treatments included medication management. The injured worker's medication regimen included Kadian, Lunesta, Lidoderm patch, Effexor, Celebrex, carvedilol, and Victoza. The provider submitted a request for Kadian, Lidoderm patch, and Lunesta. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian (morphine sulfate) 20mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The MTUS Chronic Pain Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation for risk of aberrant drug use behaviors, and side effects. Furthermore, the request does not indicate a frequency for the medication. Therefore, the request for Kadian is not medically necessary.

Lidoderm (lidocaine HCL) 5% adhesive patch #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The MTUS Chronic Pain Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is a lack of documentation of the efficacy and functional improvement with the use of the Lidoderm patch. In addition, it was not indicated how long the injured worker had been utilizing the Lidoderm patch. Furthermore, the request does not indicate a frequency. Therefore, the request for Lidoderm patch is not medically necessary.

Lunesta (eszopiclone) 3mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Med Lett Drugs Ther. 2005 Feb 28; 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, Insomnia treatment.

Decision rationale: The Official Disability Guidelines recognize Eszopicolone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. The documentation submitted did not indicate the injured worker had a sleep disturbance or insomnia. In addition, there was a lack of documentation of efficacy and functional improvement with the use of Lunesta. Furthermore, the request does not indicate frequency. Therefore, the request for Lunesta is not medically necessary.