

Case Number:	CM14-0020203		
Date Assigned:	02/21/2014	Date of Injury:	03/06/1991
Decision Date:	07/21/2014	UR Denial Date:	02/12/2014
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 Tennessee. 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 64 year-old male patient with a date of injury of 3/6/91. The mechanism of injury occurred when he slipped on a wet floor, injuring his back. On 1/14/14, his condition has been stable and he also states his leg cramps continue but is tolerable at this time. Objective findings include BP of 150/80 with pulse of 57, which was also noted to be the highest it has been. He is alert and oriented with his other findings to be unchanged. On 2/11/14, it was noted that his Lunesta use for sleep was not very effective and was given trazodone 50mg to take in addition to Lunesta. Diagnostic impression include multilevel lumbar disc disease with thoracic disc disease; s/p failed back surgery syndrome, post laminectomy with intractable pain at L3-4, L4-5 and L5-S1; s/p spinal cord stimulator implantation by thoracic laminectomy; s/p programmer replacement on 8/17/12. Treatment to date: medication management; back surgery A UR decision dated 2/12/14 for Klonopin, Flector patches, Diazepam, Lunesta and Duragesic patches were all denied because there was no documentation of dosages taken or quantities received for all of the requested medications. In addition, there is no documentation of rationales for usage nor is drug efficacies discussed.

IMR ISSUES, DECISIONS AND RATIONALES

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

KLONOPIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section 9792.24.2, benzodiazepines Page(s): 24.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. The dosage and quantity was unspecified and there was no documentation for the rationale of use or the efficacy of this medication. Therefore, the request for the decision for Klonopin was not medically necessary.

FLECTOR PATCHES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, NSAIDS, FDA (Flector Patch) Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines ODG Pain Chapter Flector Patch.

Decision rationale: MTUS states that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In addition, FDA indications for Flector patches include acute strains, sprains, and contusions. ODG states that Flector patches are not recommended as a first-line treatment, but recommended as an option for patients at risk of adverse effects from oral NSAIDs. Guidelines state that Flector patches should be used for acute strains, sprains, and contusions and it is unclear how long the he has been using Flector patches. The quantity and dosage was unspecified and there was no documentation of the rationale of use or efficacy of this medication. In addition, it is not documented that the patient was unable to tolerate oral NSAIDs. Therefore, the request for the decision for Flector patches was not medically necessary.

DIAZEPAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION 9792.24.2, benzodiazepines Page(s): 24.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. The dosage and quantity

was unspecified and there was no documentation for the rationale of use or the efficacy of use for this medication. Therefore, the request for a decision for Diazepam was not medically necessary.

LUNESTA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines web Pain - Insomnia Treatment Eszopiclone (Lunesta).

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.

Decision rationale: ODG states Eszopiclone (Lunesta) is a non-benzodiazepine sedative-hypnotic (benzodiazepine-receptor agonist) and is a first-line medication for insomnia; it is a schedule IV controlled substance that has potential for abuse and dependency; side effects: dry mouth, unpleasant taste, drowsiness, dizziness; sleep-related activities such as driving, eating, cooking and phone calling have occurred; and withdrawal may occur with abrupt discontinuation. The dosage and quantity for Lunesta was unspecified. In addition, the patient noted his use of Lunesta for sleep was not very effective and was given Trazodone to take in addition for sleep. Therefore, the use of Lunesta was not determined to be beneficial for this patient. Therefore, the request for a decision for Lunesta was not medically necessary.

DURAGESIC PATCHES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic(Fentanyl Transdermal System) Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section 9792.24.2.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines 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, but is not recommended as a first-line therapy. The dosage and quantity for this medication was not specified. There was no documentation of lack of adverse side effects aberrant behavior. There is no documentation of CURES Report or an opiate pain contract. In addition, it is not clearly documented why the patient requires Duragesic patches and has failed first-line therapy with oral opiates. Therefore, the request for a decision for Duragesic Patches was not medically necessary.