

Case Number:	CM14-0021800		
Date Assigned:	05/05/2014	Date of Injury:	02/01/2004
Decision Date:	07/11/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/20/2014

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 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 injured worker is a 50-year-old female who reported an injury on 02/01/2004. The mechanism of injury was not provided. The clinical note dated 01/31/2014 noted the injured worker presented with back pain radiating down the bilateral legs. Upon exam, the lumbar spine revealed loss of normal lordosis with straining of the lumbar spine, paravertebral muscle spasm tenderness noted bilaterally, a bilateral straight leg raise, and a patellar jerk at 1/4 bilaterally. The range of motion values for the lumbar spine were 45 degrees of flexion, 10 degrees of extension, 10 degrees of right lateral bending, and 10 degrees of left lateral bending. Additionally, the injured worker had decreased light touch sensation over the lateral foot, medial foot, and lateral calf on the right side, and decreased pinprick sensation over the lateral foot, medial foot, and medial calf on the right side. The injured worker was diagnosed with disc disorder of the lumbar and lumbar radiculopathy. The injured worker was status-post Epidural Steroid Injection on 02/12/2013. The treatment plan included recommendations for Flexeril for severe spasms, Soma for moderate spasms, discontinue Ambien, a trial of Lunesta 3 mg, Neurontin to address radicular pain, and Lidoderm patches for topical nerve pain. The provider recommended Neurontin at 800 mg with a quantity of 120, Lunesta 3 mg with a quantity of 30, Soma 350 mg with a quantity of 30, and Percocet 10/325 mg with a quantity of 90. The request for authorization form was dated 02/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEURONTIN 800 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs Page(s): 18-19.

Decision rationale: The request for NEURONTIN 800 MG #120 is not medically necessary. The California MTUS Guidelines note that relief of pain with the use of this medication is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of the pain relief in relationship to improvement in function and increased activity. Guidelines note Neurontin 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. The injured worker has been prescribed Neurontin since 2009. There is a lack of evidence of significant objective functional improvement while on the medication. There was a lack of a complete and adequate pain assessment within the documentation. Additionally, the request did not indicate the frequency at which the medication was prescribed in order to determine the necessity of the medication. As such, the request is not medically necessary.

LUNESTA 3 MG #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: Pain (Chronic).

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

Decision rationale: The request for Lunesta 3 mg with a quantity of 30 is not medically necessary. The Official Disability Guidelines do not recommend Lunesta for long-term use. It is recommended to limit the use of hypnotics to 3 weeks maximum in the first 2 months of injury only, and discourage use in the chronic phase. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are currently prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming and they may impair function. There is also concern that they may increase pain and depression over the long-term. The FDA has lowered the recommended started dose of Lunesta from 2 mg to 1 mg for both men and women. Previously recommended doses can cause impairment to driving skills, memory, and coordination as long as 11 hours after the drug is taken. The provider's request for the trial of Lunesta at 3 mg with a quantity of 30 exceeds the FDA's recommendation of an initial dose. The provider recently discontinued Ambien in place of Lunesta and stated that the injured worker was not getting the desired effects of the Ambien. There was a lack of significant objective examination findings to support sleep disturbances. The severity of the injured worker's sleep disturbance was not indicated within the documentation. Additionally, the request did not indicate the frequency at which the medication was prescribed in order to determine the necessity of the medication. As such, the request is not medically necessary.

SOMA 350 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63.

Decision rationale: The request for Soma 350 mg with a quantity of 30 is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations. They show no benefit beyond NSAIDs in pain and overall improvement and efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. The documentation lacks evidence of this medication providing desired effects for the injured worker, to include increased function and decreased pain. There was a lack of documentation indicating significant spasms upon physical examination. The injured worker has been prescribed the medication since at least 11/2013 which would exceed the guideline recommendation for short term use. Additionally, the request did not indicate the frequency at which the medication was prescribed in order to determine the necessity of the medication. As such, the request is not medically necessary.

PERCOCET 10/325 #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Percocet 10/325 mg with a quantity of 90 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risks for aberrant drug abuse behavior, and side effects. There is a lack of documentation indicating the injured worker has significant improvement in function with the medication and an adequate and complete pain assessment was not provided within the medical records. Additionally, the request did not indicate the frequency at which the medication was prescribed in order to determine the necessity of the medication. As such, the request is not medically necessary.