

Case Number:	CM14-0025849		
Date Assigned:	06/13/2014	Date of Injury:	08/27/1991
Decision Date:	07/15/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/28/2014

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 Neurological Surgery 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 57-year-old female with a reported date of injury on 08/27/1991. The injury reportedly occurred when an air conditioning unit fell and hit the injured worker in the back and left shoulder. The injured worker presented with pain in the lower back, radiating into the left lower extremity. The injured worker rated her pain at a 7/10. Within the documentation dated 07/19/2012, the physician indicated the injured worker underwent 3 lumbar epidural steroid injections; the results of which were not provided within the documentation available for review. In addition, the physician indicated the injured worker walks 2 miles a day. The injured worker's diagnoses included failed back surgery syndrome, lumbalgia, narcotic dependence, insomnia, depression, anxiety, chronic pain syndrome, hypertension, diabetes and morbid obesity. The injured worker's medication regimen included OxyContin, Percocet, Lunesta, Lyrica and Lidoderm patches. The Request for Authorization for Lunesta 3mg #30, Lidoderm 5% #30, OxyContin 40 mg #90 and Percocet 5/325 mg #150 was submitted on 02/19/2014. The rationale for the request was not provided within the clinical information available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 (ODG)-Insomnia.

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

Decision rationale: The Official Disability Guidelines do not recommend Lunesta for long-term use, but recommend it for short-term use. The guidelines recommend limiting the use of hypnotics to 3 weeks maximum in the first 2 months of injury only and discourage use in the chronic phase. They can be habit-forming, and they may impair function and memory more than opiate pain relievers. According to the documentation available for review, the injured worker has been utilizing Lunesta prior to 11/08/2012. There is a lack of documentation related to the therapeutic benefit of the long-term use of Lunesta. In addition, the guidelines do not recommend the use of Lunesta beyond 3 weeks maximum and in the first 2 months of injury only, discouraging use in the chronic phase. In addition, the request as submitted failed to provide the frequency and directions for use. Therefore, the request for Lunesta 3mg, #30 is non-certified.

LIDODERM 5%, #30: 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): 111-112.

Decision rationale: The California MTUS Guidelines recommend the use of topical analgesics as an option although largely experimental in use with few randomized controlled trials to determine effectiveness or safety. In addition, the guidelines state that lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Topical lidocaine, in the formulation of a dermal patch, has been designated for orphan status by the FDA for neuropathic pain. No other commercially-approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. According to the documentation available for review, the injured worker has been utilizing Lidoderm patches prior to 11/08/2012. There is a lack of documentation related to the therapeutic benefit of the ongoing use of Lidoderm. The guidelines only recommend Lidoderm in the form of a dermal patch. The request as submitted failed to provide the frequency, location, specific site and whether this formulation is a cream, gel or patch. Therefore, the request for Lidoderm 5% #30 is non-certified.

OXYCONTIN 40 MG, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management & Specific Drug List Page(s): 78,92.

Decision rationale: The California MTUS Guidelines recommend OxyContin for the management of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. OxyContin tablets are not intended for use as an as needed analgesic. Doses should be tailored for each injured worker, factoring in the medical condition, the injured worker's prior opioid exposure and other analgesics that the injured worker may be taking. According to the clinical information provided for review, the injured worker has been utilizing OxyContin prior to 11/08/2012. According to the California MTUS Guidelines, the ongoing management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function or improved quality of life. According to the documentation available for review, the injured worker has rated her pain at a 7/10 prior to 2012 to the most recent note of 01/14/2014. There is a lack of documentation related to the injured worker's pain relief, functional status, appropriate medication use and side effects. In addition, the clinical information lacks documentation of the injured worker's functional deficits, to include range of motion values. The request as submitted failed to provide frequency and directions for use. Therefore, the request for OxyContin 40 mg #90 is non-certified.

PERCOCET 5/325 MG, #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management & Specific Drug List Page(s): 78,92.

Decision rationale: The ongoing management of opioid use should include review and documentation of pain relief, functional status, appropriate medication use and side effects. A satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function or improved quality of life. According to the guidelines, Percocet should be administered every 4 to 6 hours as needed for pain. The maximum daily dose is based on the acetaminophen content at a maximum of 4000 mg per day. According to the clinical documentation provided for review, the injured worker has been utilizing Percocet since prior to 11/08/2012. There is a lack of documentation related to the injured worker's pain relief, functional status, appropriate medication use and side effects. According to the documentation provided for review, the injured worker has been rating her pain from a 7/10 prior to 2012. In addition, the request as submitted failed to provide the frequency and directions for use. Therefore, the request for Percocet 5/325 mg #150 is non-certified.