

Case Number:	CM14-0047910		
Date Assigned:	08/06/2014	Date of Injury:	04/06/1982
Decision Date:	09/24/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/16/2014

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 Orthopedic 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 claimant is a 62-year-old, gentleman with a date of injury of 04/06/1982. The clinical records provided for review document that the claimant has chronic pain complaints of the low back. The report of a 03/07/14 assessment notes that the claimant had recently undergone abdominal hernia surgery and had postoperative pain complaints. Specific to the claimant's low back, he continued to utilize medications for the diagnoses of spondylosis, lumbago, post laminectomy syndrome and radiculitis. No formal physical examination findings were documented on the 03/07/14 report. Continuation of medications of Percocet, Subsys, Lunesta, Lyrica, Neurontin, and Morphine Sulfate were recommended. It was also documented that the claimant utilized other medications of Klonopin, Ambien, Requip, and Abstral. There was no documentation of other forms of conservative treatment provided to the claimant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 150mg, qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 19.

Decision rationale: Based on California MTUS Chronic Pain Guidelines, Lyrica would not be recommended as medically necessary. The medical records that have been provided for review does not identify that the claimant has a neuropathic diagnosis. The records document that the claimant has chronic low back complaints and there is no documentation of physical examination findings or imaging indicative of a radicular process. The use of this neuropathic agent would thus not be supported for claimant's injury dating back to 1982. The request is not medically necessary.

Baclofen 10mg, qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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

Decision rationale: California MTUS Chronic Pain Guidelines would not support the continued use of Baclofen. The Chronic Pain Guidelines recommend use of muscle relaxants in the chronic setting with caution as second line agents for acute inflammatory findings. The documentation does not indicate that the claimant has any evidence of acute clinical findings on assessment or indication for chronic use of this muscle relaxant. Given the timeframe from injury this request would not be supported. The request is not medically necessary.

Lunesta 3mg, qty 30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: mental chapter: Eszopicolone (Lunesta)Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly 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 and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In this study, eszopicolone (Lunesta) had a Hazard ratio for death of 30.62 (C.I., 12.90 to 72.72), compared to zolpidem at 4.82 (4.06 to 5.74). In general, receiving hypnotic prescriptions was associated with greater than a threefold increased hazard of death even when prescribed less than 18 pills/year. (Kripke, 2012) The FDA has lowered the recommended starting dose of eszopiclone (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. Despite these long-lasting effects, patients were often unaware they were impaired. (FDA, 2014).

Decision rationale: California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. The Official Disability Guidelines do not recommend continued use of Lunesta. The Chronic Pain Guidelines currently indicate that Lunesta is not indicated for long term use, but can be utilized for short term symptoms associated with insomnia. This individual is with chronic pain complaints dating back 30 plus years. There is currently no indication for the acute use of this hypnotic agent for long term treatment. The request is not medically necessary.

Abstral 400ugm, qty 32: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria For Use Page(s): 76-80.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines do not recommend the continued use of Abstral, a short acting sublingual form of Fentanyl. The clinical records for review indicate this individual is taking multiple narcotic analgesics. The use of multiple narcotic analgesics in this individual with no indication of acute clinical findings or significant change in clinical course would not be supported for chronic low back complaints dating back for 30 years. The request is not medically necessary.

MS-IR Morphine 15mg, qty 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 Page(s): 76-80.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines also would not support continued use of Morphine Sulfate. The medical records do not document that the claimant is receiving any benefit from his current narcotic regimen demonstrated by no change in clinical symptoms, advancement of activities, or subjective complaints of benefit based on vast pain score scales. Therefore, the chronic use of this agent would not be supported by the Chronic Pain Guidelines. The request is not medically necessary.

Left Radiofrequency Ablation at L2, L3, L4, L5 Medial Branch: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 305. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic); Official Disability Guidelines, Neck and Upper Back (Acute and Chronic), Surgery and Consultation, Lumbar Spine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

Decision rationale: California ACOEM Guidelines do not recommend radiofrequency ablation in the lumbar spine due to the lack of scientific literature demonstrating good relief of symptoms. The medical records do not document that the claimant has facet disease and there are no imaging reports to confirm or refute the diagnosis. There is also no documentation that the claimant has received any prior facet mediated injections. Without confirmatory injections, previous imaging, and based on the ACOEM Guidelines, the request for radiofrequency ablation at the L2 through L5 level would not be supported. The request is not medically necessary.

Follow-up with orthopedics: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 305.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127. The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in a advisory capacity but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient.

Decision rationale: California ACOEM Guidelines do not support the request for orthopedic consultation. The medical records describe that the claimant has chronic pain complaints with no documentation of acute clinical findings on assessment. There is no documentation to explain the role of orthopedic assessment at this chronic stage in the claimant's injury. The request is not medically necessary.