

Case Number:	CM14-0060905		
Date Assigned:	07/09/2014	Date of Injury:	09/18/2008
Decision Date:	09/06/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/01/2014

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 Medicine and is licensed to practice in Texas. 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 53-year-old female who reported an injury to her upper extremities on 09/18/08. The utilization review dated 04/21/14 resulted in denials for the use of diclofenac, Ultram and Lunesta. Insufficient information had been submitted regarding the injured worker's response to these medications. Additionally, the use of Lunesta was not established as this medication has been designed to aid in the injured worker's sleep hygiene. No information had been submitted regarding the injured worker's polysomnography evaluation. The clinical note dated 03/27/14 indicates the injured worker complaining of 7/10 on the visual analog scale pain at the left elbow. Pain was primarily located at the lateral region. Strength deficits are identified at the left upper extremity. The operative report dated 02/04/14 indicates the injured worker undergoing a surgical procedure at the left lateral epicondyle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 100mg 1 month supply: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines Diclofenac See NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac (Voltaren) Page(s): 43.

Decision rationale: As noted on page 43 of the Chronic Pain Medical Treatment Guidelines, Voltaren is not recommended as first line treatment due to increased risk profile. Post marketing surveillance has revealed that treatment with all oral and topical diclofenac products may increase liver dysfunction, and use has resulted in liver failure and death. The United States Federal Drug Administration advised physicians to measure transaminases periodically in patients receiving long-term therapy with diclofenac and issued warnings about the potential for elevation in liver function tests during treatment with all products containing diclofenac sodium. With the lack of data to support superiority of diclofenac over other NSAIDs and the possible increased hepatic and cardiovascular risk associated with its use, alternative analgesics and/or no pharmacological therapy should be considered. Therefore, the request for Diclofenac 100mg 1 month supply cannot be recommended as medically necessary. Therefore, the request is not medically necessary.

Ultram 50mg 1 month supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids- On-Going Management, Recommended Frequency of visits While in the trial phase, When to discontinue Opioids, When to continue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

Decision rationale: As noted on page 113 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate a functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented visual analog pain scores for this injured worker with or without medications. There were no recent urine drug screen reports made available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time. Therefore, the request is not medically necessary.

Lunesta 3mg 1 month supply: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Online Edition Chapter Pain: Lunesta See the Mental Chapter: 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) Pain chapter, Eszopicolone (Lunesta).

Decision rationale: As noted in the Official Disability Guidelines, Lunesta is not recommended for long-term use, but recommended for short-term use. Current studies recommend limiting use

of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. The injured worker has exceeded the recommended treatment window. Therefore, the request for Lunesta 3mg 1 month supply is not medically necessary.