

Case Number:	CM14-0063123		
Date Assigned:	07/11/2014	Date of Injury:	01/31/2006
Decision Date:	11/07/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/05/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 53-year-old woman who sustained a work-related injury on May 19, 2011. She subsequently developed neck and right shoulder pain. She was status post: - Right rotator cuff repair surgery January 21, 2014.- Left carpal tunnel release February 23, 2012.- Right carpal tunnel release, right ulnar nerve release June 2010.- Cervical epidural at C5-6 on February 2009, November 2008, and June 2008.- Arthroscopic repair, right rotator cuff August 26, 2008. According to the progress report dated April 16, 2014, the patient reported continued worsening of his neck pain and spasm with headache. She described that the pain management regiment with Nucynta ER, in addition to the regular Nucynta (short-acting) for breakthrough pain has been effective. She also reported having increased difficulty with falling asleep and staying asleep due to increase in neck pain, which is managed by Lunesta. She also continued experiencing increased neck spasms throughout the day, which are alleviated by Soma. Examination of the cervical spine revealed limited range of motion in flexion and extension. Limited lateral bending and rotation to both sides right worse than the left. Sensations: impaired light touch and temperature, in the right thumb and index fingers dorsally. Motor strength: decreased grip strength, right more than left. Tenderness to palpation at the paraspinal muscles from C4-C6, bilaterally. UDS was negative for any illicit substances. The patient was diagnosed with cervical post-laminectomy syndrome, cervical radiculitis, rotator cuff tear, adjustment disorder with anxiety/depression, therapeutic medicine monitor, and long term use meds. The provider requested authorization for Soma, Lunesta, Naprosyn and Nucynta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29.

Decision rationale: According to MTUS guidelines, non-sedating muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to the provided file, there is no documentation of muscle spasms, cramping or trigger points that require chronic treatment with a muscle relaxant. There is no justification for prolonged use of Soma. The request for Soma is not medically necessary.

Lunesta 3 mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>))

Decision rationale: Lunesta is a non-benzodiazepine hypnotic agent that is a pyrrolopyrazine derivative of the cyclopyrrolone class. According to MTUS guidelines, tricyclic antidepressants are recommended as a first line option in neuropathic pain, especially if pain is accompanied by insomnia, anxiety or depression. According to the Official Disability Guidelines, non-benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes Zolpidem (Ambien and Ambien CR), Zaleplon (Sonata), and Eszopiclone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency. In this patient, there is no clear documentation of insomnia that justifies the long term use of Lunesta. There is no documentation of sleep study that better characterize the patient insomnia. There is no periodic objective documentation of the effect of previous use of Lunesta on the sleep quality and the patient functionality. Lunesta could be used as an option to treat insomnia after failure of first line medications and non-pharmacologic therapies; however it should not be used for a long-term without periodic evaluation of its need. Therefore, the prescription of Lunesta is not medically necessary.

Nucynta 75 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 179.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. In the current case, the patient was using opioids without documentation of significant pain or functional improvement. The medical records also did not include a pain contract for the use of opiates. Therefore, the prescription of Nucynta 75mg #120 is not medically necessary.