

Case Number:	CM14-0069124		
Date Assigned:	07/14/2014	Date of Injury:	09/28/2009
Decision Date:	10/02/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/14/2014

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 male who sustained an injury on 09/28/09. This appeared to be a cumulative trauma type injury which resulted in complaints of low back pain. The injured worker had prior right L4-5 hemilaminectomy resulting in the development of post-laminectomy syndrome. The injured worker had prior spinal cord stimulator placed in 12/02. The injured worker was seen by pain management and was being prescribed Nucynta for pain control. The injured worker underwent open rotator cuff repair on 02/27/14. Recent urine drug screen records were negative for any tested medications. The injured worker was seen on 04/02/14 by pain management. The injured worker was recommended for carpal tunnel release for which he was pending. No other specific findings from this evaluation were reported. Clinical record from 04/10/14 noted pain with right shoulder range of motion and sensory loss in left median nerve distribution. Medications at this visit included Lunesta 3mg for sleep disturbance and Nucynta 75mg three times a day maximum for breakthrough pain. The requested Lunesta 3mg and Nucynta 75mg were denied by utilization review on 04/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg one (1) tablet PO QHS PRN (no quantity): 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 treatment; <http://www.drugs.com/lunesta.html>

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, Insomnia Treatment

Decision rationale: The requested Lunesta 3mg would not be supported as medically necessary based on clinical documentation submitted for review and current evidence based guidelines. The injured worker was being prescribed Lunesta for sleep disturbance; however, there was no clinical documentation establishing that Lunesta had been effective in improving overall sleep ability. No clinical documentation such as insomnia sleep indexes were available for review showing improvement overall in sleep hygiene. Given the limited clinical documentation for efficacy of this medication and as guidelines do not recommend Lunesta for long term use it is the opinion of this reviewer that medical necessity was not established in this for this medication.

Nucynta 75mg one (1) tablet PO up to TID PRN (no quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: The request for Nucynta 75mg is not medically necessary. The clinical documentation submitted for review did not identify any clear functional improvement or pain reduction obtained with this medication that would have supported its ongoing use. Per guidelines Nucynta can be considered an option for the treatment of severe pain that has failed other first line opioid medications utilized for pain management. In this case it is unclear what the prior history of narcotics is and clinical documentation did not identify any specific functional improvement or pain relief. Therefore, this request is not medically necessary.