MAXIMUS Federal Services

Case Number:	CM14-0080516		
Date Assigned:	07/21/2014	Date of Injury:	10/08/2000
Decision Date:	09/22/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	06/02/2014

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 Occupational Medicine 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:

Patient is a 58-year-old male who has submitted a claim for lumbar laminectomy syndrome, lumbar degenerative disc disease, low back pain, and chronic pain syndrome associated with an industrial injury date of 10/8/2000.Medical records from 2013 to 2014 were reviewed. Patient complained of low back pain radiating to the left lower extremity. Pain was described as sharp, aching, and pins-and-needles sensation. Pain was rated at 7 to 8/10 in severity and relieved to 3 to 4/10 with intake of medications. Quality of sleep was good, averaging between 5 and 8 hours per night with the aid of Lunesta. He reported improved performance in activities of daily living. No medication abuse was suspected. Constipation was noted. Physical examination showed tenderness of the lumbar muscles. Motor testing was limited secondary to pain. Urine drug screen from 2/14/2014 and 3/20/2014 showed consistent results with prescribed medications.Treatment to date has included hot/cold modalities, physical therapy, and medications such as Avinza, Flector patch, hydrocodone, Lunesta, morphine, Lidocaine patch, Celebrex, Senokot-S, and Lipitor (all since October 2013).Utilization review from 4/30/2014 modified the requests for Avinza 60mg qty 210 into quantity 20, Morphine Sulfate IR 15mg qty 630 into quantity 60 and Norco 10/325mg qty 840 into quantity 80 because the guidelines did not recommend a morphine equivalent dose exceeding 50 per day; modified the request for Lunesta 2 mg, quantity 210 to quantity 30 plus two refills to monitor medication efficacy and compliance; and denied Lidoderm 5% patch qty 210 because there was no documentation of neuropathic pain symptoms or failure of first line therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Avinza 60mg qty 210: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Avinza since October 2013. Patient reported that pain severity decreased from 7 to 8/10 into 3 to 4/10 attributed to its use. Patient likewise reported improvement in activities of daily living. No medication abuse was suspected as urine drug screens from 2/14/2014 and 3/20/2014 showed consistent results with prescribed medications. Constipation was a noted side effect, however patient was already on Senokot-S. Guideline criteria for continuing opioid management have been met. However, there was no discussion concerning the 210 quantity of medications being requested. Frequent monitoring of patient's response and drug compliance should be implemented. Therefore, the request for Avinza 60 mg, quantity 210 is not medically necessary.

Morphine Sulfate IR 15mg qty 630: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on morphine since October 2013. Patient reported that pain severity decreased from 7 to 8/10 into 3 to 4/10 attributed to its use. Patient likewise reported improvement in activities of daily living. No medication abuse was suspected as urine drug screens from 2/14/2014 and 3/20/2014 showed consistent results with prescribed medications. Constipation was a noted side effect, however patient was already on Senokot-S. Guideline criteria for continuing opioid management have been met. However, there was no discussion concerning the 630 quantity of medications being requested. Frequent monitoring of patient's response and drug compliance should be implemented. Therefore, the request for Morphine Sulfate IR 15mg qty 630 is not medically necessary.

Norco 10/325mg qty 840: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Norco since October 2013. Patient reported that pain severity decreased from 7 to 8/10 into 3 to 4/10 attributed to its use. Patient likewise reported improvement in activities of daily living. No medication abuse was suspected as urine drug screens from 2/14/2014 and 3/20/2014 showed consistent results with prescribed medications. Constipation was a noted side effect, however patient was already on Senokot-S. Guideline criteria for continuing opioid management have been met. However, there was no discussion concerning the 840 quantity of medications being requested. Frequent monitoring of patient's response and drug compliance should be implemented. Therefore, the request for Norco 10/325mg qty 840 is not medically necessary.

Lunesta 2mg qty 210: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: CA MTUS does not specifically address Eszopiclone (Lunesta). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. It states that eszopiclone (Lunesta) is a non-benzodiazepine sedative-hypnotic (benzodiazepine-receptor agonist) and is a first-line medication for insomnia. It is a schedule IV controlled substance that has potential for abuse and dependency. Lunesta has demonstrated reduced sleep latency and sleep maintenance, and is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. In this case, patient has been on Lunesta since October 2013. Quality of sleep was good, averaging between 5 and 8 hours per night with the aid of Lunesta. The medical necessity for continuing its prescription is being established. However, there was no discussion concerning the 210 quantity of medications being requested. Frequent monitoring of patient's response and drug compliance should be implemented. Therefore, the request for Lunesta 2mg qty 210 is not medically necessary.

Lidoderm 5% patch qty 210: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 56-57 and 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine patch Page(s): 56-57.

Decision rationale: Pages 56 to 57 of CA MTUS Chronic Pain Medical Treatment Guidelines state that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI (serotonin-norepinephrine reuptake inhibitor) anti-depressants or an AED (antiepilepsy drug) such as gabapentin or Lyrica). In this case, records reviewed showed that the patient was on lidocaine patch since October 2013. Patient reported symptom relief and ability to perform activities of daily living attributed to its use. However, there was no documentation that patient was initially on first-line therapy to warrant a transdermal formulation of lidocaine. Moreover, there was no discussion concerning the 210 quantity of medications being requested. Frequent monitoring of patient's response and drug compliance should be implemented. Therefore, the request for Lidoderm 5% patch, quantity 210 is not medically necessary.