

Case Number:	CM14-0089410		
Date Assigned:	07/23/2014	Date of Injury:	06/29/2009
Decision Date:	09/29/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/13/2014

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 Colorado. 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 45 year old female with a date of injury on 6/29/2009. She has a diagnosis of a left ankle strain, left lower extremity rhabdomyolysis, and deep vein thrombosis. The request was for Lunesta, Lyrica, and Motrin. There is no history of surgeries and knee magnetic resonance imaging notes 2 mm moderate chondral fissuring on surface of medial femoral condyle. The injured worker presented with complaints of knee and ankle pain. There is no clear documentation of a sleep disorder and ongoing prescribing of Lunesta, and Motrin is noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg #30: 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), Pain.

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

Decision rationale: The medical records provided for review does not establish the medical necessity of the requested medication per Official Disability Guidelines. The medical records do

not adequately describe a sleep disorder as the worker presents with knee and ankle pain. The records reflect ongoing prescribing of this medication. The Official Disability Guidelines note that Lunesta is recommended for short term use only for sleep disorder conditions. It is not recognized as a medication treatment for pain. Thus, the request is not medically necessary.

Lyrica 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs Page(s): 19-20.

Decision rationale: The medical information provided does not establish the medical necessity of the medication requested. The medical records reflect a diagnosis of left ankle strain and rhabdomyolysis. According to the MTUS Chronic Pain Guidelines, Lyrica is recognized to be effective in the treatment of neuropathic pain, diabetic neuropathy, and post-herpetic pain. These conditions are not identified in the diagnosis of the injured worker and thus the request is not medically necessary.

Motrin 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70-72.

Decision rationale: The medical information does not establish the medical necessity of the requested medication. According to the MTUS Chronic Pain Guidelines, Motrin, a nonsteroidal anti-inflammatory drug, is recommended for short-term symptomatic relief for acute moderate pain from musculoskeletal conditions. As this is an injury from 5 years prior, there are no findings to support a current soft tissue of musculotendinous injury, and the length of prescribing is not indicated in the medical records; therefore, the request is not supported by the documentation provided. Continued use of these medications requires monitoring of organ function (renal, gastrointestinal, bleeding disorders) and effectiveness of use should be documented. The medical notes reflect ongoing prescribing with no indications of monitoring, report of effectiveness, and no indication of side effects. Thus, the request does not meet criteria of the guidelines and is not medically necessary.