

Case Number:	CM14-0179049		
Date Assigned:	11/03/2014	Date of Injury:	04/26/1993
Decision Date:	01/30/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/28/2014

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 Physical Medicine Rehab, 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:

The claimant is a 64-year-old male who suffered a work related injury on 4/26/1993. Available records indicate the claimant injured the right knee while unloading trucks. Records also indicate the claimant has been diagnosed with chronic pain and fibromyalgia symptoms following the orthopedic injury to the right knee. Most recent progress notes dated 10/20/14 indicate the claimant returns for medication management. He continues to suffer chronic pain as well as residuals from orthopedic injury to the right knee. Records indicate the claimant tried to go without Gabapentin, but suffered a severe flare-up of pain. Cymbalta and Savella were ineffective. Notes indicate Gabapentin has been effective in diminishing general global complaints. Notes also indicate the claimant has been on chronic Suboxone. The attending physician notes state that he has detoxed from narcotics and uses Suboxone for pain. Records indicate that because of his sleep disorder he has significant sleep disturbance. Lack of sleep aggravates his pain complaints and sensitivities. Records also note that as a result of his inflammatory changes with arthritis, the Mobic has been effective and well tolerated. Records indicate the claimant is permanent and stationary and medically retired. The current diagnoses are: 1. Status post right knee tibial osteotomy, 1993. 2. Status post right knee hardware removal, 2005. 3. Status post right knee replacement with chronic residuals of pain. 4. Status post right first MCP joint replacement. 5. Sleep disorder. 6. Pain disorder associated with psychological factors and chronic pain. The UR report dated 10/10/14 modified the request for Suboxone 2/.05 Mg #90, and denied the request for Mobic 7.5 Mg #60, and Edlur 10mg #30 (Edluar) based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone 2/.05 Mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-79.

Decision rationale: The claimant continues to suffer chronic pain as well as residuals from orthopedic injury to the right knee. The current request is for Suboxone 2/.05 Mg #90. The attending physician indicates that the claimant has been on chronic Suboxone and that the claimant has detoxed from narcotics and uses Suboxone for pain. The treating physician states, "there are multiple denials for medications, yet these medications had been effective and provide comfort and increase functional capacity." Suboxone contains a combination of buprenorphine and naloxone. Naloxone is a special narcotic drug that reverses the effects of other narcotic medications. Suboxone is used to treat opiate addiction. It is not for use as a pain medication. The California MTUS states the criteria for continued use of Opioids include: "The lowest possible dose should be prescribed to improve pain and function. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period from last assessment, average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patients decreased pain, increased level of function, or improved quality of lift...The 4A's for ongoing monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychological functioning, and occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The 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 for documentation of the clinical use of these controlled drugs." In this case, there is no documentation supporting continued opioid usage. There are no before and after pain scales, there is no documentation of any specific changes in ADLs and there is no discussion indicating any adverse side effects or aberrant drug behaviors. The MTUS requires much more thorough documentation for continued opioid usage. The request is not medically necessary.

Mobic 7.5 Mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications; Medications for chronic pain Page(s): 22; 60.

Decision rationale: The claimant continues to suffer chronic pain as well as residuals from orthopedic injury to the right knee. The current request is for Mobic 7.5 Mg #60. Mobic (Meloxicam) is an (NSAID). Regarding NSAID's, MTUS page 22 supports it for chronic LBP, at least for short term relief. MTUS page 60 also states, "a record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case review of the reports do show that the claimant has reduction in pain with the use of Mobic documented on the October 20, 2014 progress report. There is sufficient documentation to make a decision based on guidelines. The request for Mobic 7.5 Mg #60 is medically necessary.

Edlur 10mg #30 (Edluar): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Zolpidem.

Decision rationale: The claimant continues to suffer chronic pain as well as residuals from orthopedic injury to the right knee. The current request is for Edlur 10mg #30 (Edluar). The treater requests for Edluar 10 mg # 30 for treatment of insomnia. The treater notes that it is to be used prn. The MTUS and ACOEM Guidelines do not address Edluar; however, ODG Guidelines states that zolpidem (Edluar) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. In this case, the records provided give little indication as to how long the claimant has been on this medication. However, based on the date of injury and the notes in the 10/20/14 progress report, it would appear the claimant has been using this medication beyond what the ODG guidelines recommend for this medication; therefore, the request is not medically necessary.