

Case Number:	CM14-0207106		
Date Assigned:	12/19/2014	Date of Injury:	01/25/2007
Decision Date:	02/13/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/10/2014

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, has a subspecialty in Interventional Spine 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 patient is a 39 year old male with an injury date of 01/25/07. Based on the 11/10/14 progress report, the patient complains of neck pain, left arm pain, occipital headache, low back pain, and left leg pain. The average pain level is at 9/10. The patient has daily headache continued with nausea. The left leg has numbness that continued down into the left heel. Sleep quality is poor and interrupted due to pain. There is crepitus on active range of motion. The patient is able to reproduce left arm pain to hand on neck rotation and extension for which surgery is indicated. Current medications are Baclofen, Celebrex, Fortesta, Lunesta, Methadone, OxyContin, Roxycodone, Sancuso, Subsys, Viagra, and Zomig. Current assessments are: 1. Chronic severe neck pain with bilateral arm pain 2. Mix level C spine lesion consistent with patient's pain syndrome 3. Cervicogenic headache due to C2/3 lesion/transformation to vascular, responsive to Irlpian. 4. Myofascial pain/spasm 5. Poor sleep hygiene 6. Opioid dependency with tolerance but efficacy, compliant use 7. Depression/anxiety 2nd to chronic pain 8. LBP due to annular fissure, L5/6. 9. Decreased libido, 2nd to chronic pain, opioid analgesics 10. High opioid tolerance. The diagnoses are cervicalgia, brachial neuritis/radiculitis nos, and lumbago. The patient is working full time with help of medications. The treating physician is requesting Subsys 800ugm #30 and Lunesta 3mg #30. The utilization review determination being challenged is dated 11/20/14. The requesting provider provided treatment reports from 05/18/14-11/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subsys 800ugm #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)

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, Subsys (Fentanyl Sublingual Spray)

Decision rationale: This patient presents with neck pain, left arm pain, occipital headache, low back pain, and left leg pain. The request is for Subsys 800ugm #30. This is a sublingual Fentanyl spray, a very short-acting opiate. While MTUS does not discuss this medication, Official Disability Guidelines pain chapter under Subsys (fentanyl sublingual spray) states "not recommended for musculoskeletal pain. FDA has approved Subsys fentanyl sublingual spray, from Insys Therapeutics, only for breakthrough cancer pain." Per 08/21/14 report, the provider noted trial for Subsys 800ugm #30 in the treatment recommendation section. Following reports dated 09/15/14, 10/13/14, and 11/10/14 show Subsys as part of the current medication regiment. However, the guideline does not recommend this medication for musculoskeletal pain, but only for breakthrough cancer pain which the patient does not present with. The request is not medically necessary.

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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Eszopiclone (Lunesta); Insomnia Treatment

Decision rationale: This patient presents with neck pain, left arm pain, occipital headache, low back pain, and left leg pain. The request is for Lunesta 3mg #30. Official Disability Guidelines, Mental Illness and stress chapter states, "Eszopiclone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. (Morin, 2007) The only benzodiazepine-receptor agonist FDA approved for use longer than 35 days." Official Disability Guidelines under Stress chapter states, "Not recommended for long-term use, but recommended for short-term use... Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase." Review of reports does not show when the patient start to take this medication but it has been listed as current medication since 06/12/14 report. However, none of the reports discuss the efficacy of this medication. Progress reports from 06/12/14-11/10/14 document that the patient's ongoing complains of poor sleep quality due to pain. Official Disability Guidelines further states for insomnia treatment, Lunesta is "not recommended for long-term use, but recommended for short-term use." The request is not medically necessary.

