

Case Number:	CM15-0000192		
Date Assigned:	01/09/2015	Date of Injury:	07/16/2009
Decision Date:	03/09/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 male, who sustained an industrial injury on 7/16/2009, resulting in left hand injury. The mechanism of injury was not described. The diagnoses have included contracture of joint/hand and chronic pain syndrome. Treatment to date has included surgical intervention, unknown date, and conservative treatment. According to the progress report, dated 11/11/2014, the injured worker reported left hand pain and running out of medication last month. According to reports, the injured worker was receiving medication from two doctors. Recent testing for medication compliance was not noted. He reported that he has been in quite a bit of pain and medications do not adequately manage his symptoms. Physical exam noted tenderness along the proximal interphalangeal joint of the little finger. The provider requested transfer to pain management in light of narcotic pain usage. The injured worker was described as quite aggravated and upset regarding his pain management. The progress report, dated 10/10/2014, noted the same prescriptions with generic brands, which were ineffective. The previous duration of use for the requested medications was not documented. A progress report dated 7/11/2014, noted medications and dosages unchanged from the requested treatments under review. On 12/10/2014, Utilization Review non-certified a prescription for Oxycontin 30mg #90, Norco 10/325mg #90, and Lunesta 3mg #30, noting the lack of compliance with MTUS and ODG Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin 30mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80, (3) Opioids, dosing,.

Decision rationale: The claimant is more than five years status post work-related injury and continues to be treated for chronic pain with treatments including opioid medications at a total MED (morphine equivalent dose) of more than 200 mg per day. Despite this dosing level, there is poor pain control. OxyContin. is a long acting opioid used for the treatment of baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction, there is poor pain control and the claimant is not currently working. The claimant meets criteria for discontinuing opioid medication and therefore continued prescribing of OxyContin was not medically necessary.

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80, (3) Opioids, dosing,.

Decision rationale: The claimant is more than five years status post work-related injury and continues to be treated for chronic pain with treatments including opioid medications at a total MED (morphine equivalent dose) of more than 200 mg per day. Despite this dosing level, there is poor pain control. Norco is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction, there is poor pain control and the claimant is not currently working. The claimant meets criteria for discontinuing opioid medication and therefore continued prescribing of Norco was 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 ODG Pain (updated 11/21/14)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment

Decision rationale: The claimant is more than five years status post work-related injury and continues to be treated for chronic pain. Medications include Lunesta. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. There is no assessment of factors such as sleep onset, maintenance, quality, or next-day functioning. Whether the claimant has primary or secondary insomnia has not been determined. Therefore, based on the information provided, the continued prescribing of Lunesta is not medically necessary. .