

Case Number:	CM15-0018120		
Date Assigned:	02/06/2015	Date of Injury:	01/12/1999
Decision Date:	04/02/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	01/30/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old male, who sustained an industrial injury on 1/12/1999. The diagnoses have included reflex sympathetic dystrophy, knee pain and lumbar spondylosis. Treatment to date has included a repeat caudal epidural (12/16/2014), medications, activity modification and physical therapy. He underwent bilateral L3, L4 and L5 RFN (12/09/2014) with 50-60 % reduction in axial back pain. He underwent radiofrequency ablation of L4-L5 and L5-S1 facet joints (3/2014) with an 80% reduction in "crushing" axial back pain. Currently, the IW complains of continued mild cervical and thoracic pain as well as bilateral low back and buttock pain. The pain is rated as 7/10. Objective findings included a non-antalgic gait, and there is worsening range of motion with extension and rotation with moderate pain with facet loading and moderate facet tenderness to palpation bilaterally, worse from previous exam. There is an increase in pain on palpation of the coccyx. On 1/23/2015, Utilization Review non-certified a request for Lunesta 2mg #60, Cymbalta 80mg #60, Norco 10/325mg #120, Provigil 100mg #30 and Voltaren gel #3 noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS was cited. On 1/30/2015, the injured worker submitted an application for IMR for review of Lunesta 2mg #60, Cymbalta 80mg #60, Norco 10/325mg #120, Provigil 100mg #30 and Voltaren gel #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2mg #60: 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 stress chapter, lunesta.

Decision rationale: This patient presents with back pain. The treater has asked for LUNESTA 2MG 60 on 1/19/15. Patient has been taking Lunesta since 9/29/14. The patient is decreasing Lunesta from 6mg to 2mg, as the previous wean to 3mg caused the patient to be unable to sleep for the entire month per 1/19/15 report. Regarding Lunesta, ODG recommends for insomnia, as the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. A clinical trial showed significant improvement in sleep latency, wake after sleep onset, and total sleep time over 6 months of use. ODG under stress chapter, lunesta section 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 2 months of injury only, and discourage use in the chronic phase." In this case, the patient has a chronic pain condition. A short-term use of this medication may be reasonable per ODG guidelines, but not long-term. The patient has been using Luensta for more than 3 months at this time. The treater does not indicate that it's for short-term, and the patient is outside the first 2 months from injury. The request IS NOT medically necessary.

Cymbalta 60mg #60: 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 Antiepilepsy drugs (AEDs) Page(s): 16-17.

Decision rationale: This patient presents with back pain. The treater has asked for Cymbalta 60mg 60 on 1/19/15. The patient has been using Cymbalta since 9/29/14 report. Regarding Cymbalta, MTUS pag 16, 17 states "Duloxetine--Cymbalta: FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy." In this case, the patient has chronic back pain with radicular symptoms. Regarding medications for chronic pain, MTUS pg. 60 require a recording of pain and function. The patient has been using Cymbalta for more than 3 months without documentation of efficacy. The request IS NOT medically necessary.

Norco 10/325mg #120: 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 criteria for use of opioids Page(s): 76-78, 88-89.

Decision rationale: This patient presents with back pain. The treater has asked for Norco 10/325mg 120 on 1/19/15. Patient has been using Norco since 9/29/14. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater indicates a decrease in pain with current medications which include Norco, stating "the pain is better with medication" per 1/19/15 report. But there is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living are not discussed. There is no discussion of return to work or change in work status attributed to the use of the opiate. Urine toxicology on 12/22/14 was appropriate per 12/24/14 report. A CURES report on 12/24/14 was reviewed and no aberrant behaviors were shown. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, however, a slow taper off the medication is recommended at this time. The request IS NOT medically necessary.

Provigil 100mg #30: 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 Pain chapter, Nuvigil (Armodafinil).

Decision rationale: This patient presents with back pain. The treater has asked for PROVIGIL 100MG 30 on 1/19/15. Regarding Nuvigil, ODG states not recommended solely to counteract sedation effects of narcotics. Armodafinil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. It is very similar to Modafinil. In this case, the patient does not present with excessive daytime sleepiness, sleep apnea, narcolepsy, or shift work disorder, neither does he show evidence of attention deficit hyperactivity disorder, chronic fatigue syndrome, and major depressive disorder. The treater does not provide an explanation regarding the necessity of this request. The requested Nuvigil 150mg #30 is not supported for opiate-induced sedation. The request IS NOT medically necessary.

Voltaren gel #3: 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 Anti-inflammatory medications, Topical analgesic Page(s): 22, 111-113.

Decision rationale: This patient presents with back pain, and leg pain. The treater has asked for VOLTAREN GEL 3 on 1/19/15. Regarding topical NSAIDS, MTUS states they are indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, the patient has chronic back pain with lower extremity symptoms. MTUS recommends topical NSAIDS for short term symptomatic relief to treat peripheral joint arthritis and tendinitis, which this patient does not have. The treater does not explain how this medication would be used. The request IS NOT medically necessary.