

Case Number:	CM15-0191775		
Date Assigned:	10/05/2015	Date of Injury:	11/25/2003
Decision Date:	11/16/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/29/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 57 year old female with an industrial injury dated 11-25-2003. A review of the medical records indicates that the injured worker is undergoing treatment for chronic lumbar spine pain with degenerative disc disease and facet arthropathy, post lumbar spine surgery syndrome along with sacroiliac (SI) joint dysfunction. According to the progress note dated 08-03-2015, the injured worker reported ongoing low back pain down into the left buttock and left lower extremity with radiation into thorax and shoulders. Average pain level was 7-8 out of 10 on a visual analog scale (VAS) and sleep disturbance from pain a 7 out of 10. The injured worker reported no problems with the pump medication and feels that the pump has allowed her to become significantly more active. The injured worker is out of meloxicam and was asking for refill. The injured worker currently takes 4 Aleve a day. The injured worker continues on Plavix following her stent. Current Medications include bupropion duloxetine, Lunesta, meloxicam, methocarbamol, Norco, omeprazole, pump refill medications, Aleve, aspirin, Clopidogrel, Lipitor, medical marijuana, nitroglycerin, Reclast, testosterone, and Biofreeze. Objective findings (08-03-2015) revealed sling on right upper extremity, no pressured or fast speech, no abnormal thought process, good memory, normal attention span, and intact medical decision making. In a progress report dated 09-01-2015, the injured worker presented for reevaluation of chronic pain. Average pain level was 3 out of 10 on a visual analog scale (VAS) and sleep disturbance from pain a 7 out of 10. The injured worker reported 50-75% improvement from pain medications. Treatment has included diagnostic studies, prescribed medications, intrathecal pump (01-06-2011), physical therapy, chiropractic treatment, acupuncture therapy, transcutaneous electrical nerve stimulation (TENS),

interbody fusion at L5-S1 on 09-05-2005, and periodic follow up visits. The treatment plan included medication management. The treating physician reported that the injured worker denies aberrant behavior and although there were concerns in the past, at present the injured worker appeared compliant. The treating physician prescribed Norco 10-325mg #30, Lunesta 2mg #30, and Duloxetine 60mg #60. The Utilization Review dated 09-17-2015, denied the request for Norco 10-325mg #30, Lunesta 2mg #30, and Duloxetine 60mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: The cited CA MTUS guidelines recommend short acting opioids, such as Norco (hydrocodone), for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's most recent records through 09/28/2015, did include documentation of the pain with and without medication (not Norco specific), pain contract on file, no significant adverse effects, history of urine drug testing (abnormal), subjective functional improvement, and performance of necessary activities of daily living.

However, the injured worker has had continued history of aberrant behavior, such that pain management does not wish to prescribe oral controlled substances. Appropriate follow-up has been performed in this case and weaning of opioids has been routinely reassessed and initiated as soon as indicated by the treatment guidelines. Based on the available medical information, Norco 10/325mg #30 is not medically necessary and appropriate for ongoing pain management.

Lunesta 2mg #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 Chapter.

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

Decision rationale: The CA MTUS is silent concerning Lunesta, but the ODG does recommend for short-term use, but not for long-term use. The ODG recommendation is to limit use of hypnotics to three weeks maximum in the first two months of injury only, and then to discourage use in the chronic phase. Overall, Lunesta has demonstrated reduced sleep latency and sleep maintenance and is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. According to the treating provider's notes, the injured worker has had ongoing sleep disturbance, secondary to pain, and has been on Lunesta long-term. Her notes do not state whether she has had intervention for improved sleep hygiene and cognitive therapy for insomnia. Additionally, the notes do not document her specific insomnia components and how she has benefited from the medication. Therefore, per the ODG guidelines, the request for Lunesta 2mg #30 is not medically necessary and appropriate at this time.

Duloxetine 60mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: According the CA MTUS, duloxetine is FDA-approved for anxiety, depression, diabetic neuropathy, fibromyalgia, and has been used off-label for neuropathic pain and radiculopathy. However, no high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. Per the medical records available, the injured worker's lumbar radicular symptoms have persisted at 3-9/10 on the visual analog pain scale despite the current use of medications. However, the 75% efficacy from pain medication has allowed her to engage in activities of daily living and improved function. In addition, her records reflect symptoms of depression. Therefore, based on this injured worker's history and guidelines cited, duloxetine 60mg #60 is medically necessary and appropriate.