

Case Number:	CM15-0195875		
Date Assigned:	11/04/2015	Date of Injury:	01/11/2010
Decision Date:	12/15/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/05/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 49-year-old female with a date of industrial injury 1-11-2010. The medical records indicated the injured worker (IW) was treated for degeneration of lumbar or lumbosacral disc; degeneration of cervical disc; sprain of neck; sprain-strain of thoracic region; and sprain-strain of lumbar region. In the progress notes (9-3-15), the IW reported neck and low back pain with radiation of pain, numbness and tingling into both lower extremities. Medications were Capsaicin cream, Lunesta 2mg (since at least 3-2015), Morphine sulfate CR 60 mg (since at least 3-2015), Effexor ER 75mg and Gabapentin 1200mg. The Morphine CR reduced her pain from 9 to 10 out of 10 to 6 to 7 out of 10 and enabled her to tolerate walking and perform her exercise program and water exercises. Lunesta helped her fall asleep more easily and helped her insomnia. On examination (9-3-15 notes), her gait was antalgic. Muscle tone was normal in all extremities without atrophy. Treatments included lumbar steroid injection (without lasting relief), physical therapy (with some benefit), functional restoration program and home exercise program (with some benefit). The notes stated the IW had a signed opioid contract and she showed no aberrant drug behavior. The DEA reports were positive for compliance, according to the provider. The provider stated her previous urine drug screen was negative for tested substances, but the lab was confirming this; she had been out of medications for 2 days when tested, due to a missed appointment. The IW was 'permanent and stationary'. A Request for Authorization was received for Morphine sulfate (CR) 60mg, #60 with 3 refills for retrospective date of service 8-3-15; Lunesta 2mg for retrospective date of service 7-2-15; and Lunesta 2mg, #30 for retrospective date of service 8-3-15. The Utilization Review on 9-11-15 modified the

request for Morphine sulfate (CR) 60mg, #60 with 3 refills for retrospective date of service 8-3-15; the request for Lunesta 2mg for retrospective date of service 7-2-15 and Lunesta 2mg, #30 for retrospective date of service 8-3-15 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate 60mg #60 with 3 refills, (Retro date of service: 8/3/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Opioids for chronic pain.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids (criteria for use & specific drug list): A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Guidelines recommend 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 since 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 patient's decreased pain, increased level of function, or improved quality of life. The 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved function/pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG Pain / Opioids for chronic pain states "According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms." Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, return to work, or increase in activity from the exam note of 9/3/15. Therefore the determination is for non-certification. The request is not medically necessary.

Lunesta 2mg, (Retro date of service: 7/2/15): 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) Mental Illness and stress chapter, Lunesta.

Decision rationale: CA MTUS/ACOEM is silent on the issue of Lunesta. According to the ODG, Mental Illness and stress chapter, Lunesta is, "Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers." In this case the day of injury is 1/11/10. ODG guidelines recommends the use of Lunesta for insomnia for the first two months of injury only, and discourage use in the chronic phase. Based on this ODG guideline the ongoing use of Lunesta is not medically necessary. Therefore the determination is for non-certification. The request is not medically necessary.

Lunesta 2mg #30, (Retro date of service: 8/3/15): 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) Mental Illness and stress chapter, Lunesta.

Decision rationale: CA MTUS/ACOEM is silent on the issue of Lunesta. According to the ODG, Mental Illness and stress chapter, Lunesta is, "Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers." In this case the day of injury is 1/11/10. ODG guidelines recommend the use of Lunesta for insomnia for the first two months of injury only, and discourage use in the chronic phase. Based on this ODG guideline the ongoing use of Lunesta is not medically necessary. Therefore the determination is for non-certification. The request is not medically necessary.