

Case Number:	CM15-0200403		
Date Assigned:	10/15/2015	Date of Injury:	09/18/2004
Decision Date:	11/30/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/13/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 32 year old male, who sustained an industrial injury on 9-18-2004. The injured worker is undergoing treatment for: left foot pain. On 8-18-15, he reported left foot pain. He indicated that dorsiflexion of the foot worsened the pain. He rated his pain with no medications as 9 out of 10, and current pain as 6 out of 10. On 9-22-2015, he reported left foot pain rated 3 out of 10 with medications. He described the pain as "aching, burning, deep, inconsistent, and increasing, pressure, pulling, sharp and pins and needles". There is notation of no aberrant behavior and no adverse side effects. He is reported as attaining 90 percent improvement in pain with his current medications. Physical findings revealed tenderness to the plantar aspect of the left foot, sensory intact, good capillary refill, and deep tendon reflexes normal. The current functional status is unclear. There is no discussion of 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. The treatment and diagnostic testing to date has included: urine drug screen (5-20-15) reported as within normal limits; ganglion block (5-26-10) reported as giving 70 percent benefit, QME (11-25-2009), spinal cord stimulator (date unclear). Medications have included: Butrans patches, Cymbalta, Flexeril, Lunesta, lyrica, Naprosyn, Norco. The records indicate he has been utilizing Norco, Flexeril, Butrans, and Lunesta since at least November 2014, possibly longer. Current work status: not documented. On 8-18-15, he is reported to be going to school. The request for authorization is for: Norco 10-325mg quantity 180, Butrans 10mcg per hour quantity 4 with 3 refills, Flexeril 10mg quantity 60 with 3 refills, and Lunesta 3 mg quantity 30 with 3 refills. The UR dated 10-6-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

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

Decision rationale: According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. In this case, there is no documentation of significant pain relief or increased functional benefit from the opioids used to date. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Butrans 10mcg/hr patch, #4 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine.

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

Decision rationale: Buprenorphine (Butrans) is a schedule-III controlled substance. Its mechanism of action is complex, involving four different opioid receptors at central and peripheral sites. It blocks effects of subsequently administered opioid agonists. It is recommended as an option for the treatment of chronic pain in selected patients (not first-line for all patients) including, patients with a hyperalgesic component to pain, patients with centrally mediated pain, and patients with neuropathic pain. In addition, Buprenorphine is recommended for treatment of opiate addiction. According to the CA MTUS guidelines, long term usage of opioids is discouraged unless there is "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." In this case, according to the PR note on 9/22/2015, there is documentation of persistent complaints of pain with no documentation of the medication's pain relief effectiveness, improvement of functional status, or change in physical exam findings. Medical necessity of the requested Butrans 10mcg/hr patch (#4 with 3 refills) has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Flexeril 10mg, #60 with 3 refills: 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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: According to the reviewed literature, Flexeril (Cyclobenzaprine) is a skeletal muscle relaxant and a central nervous system (CNS) depressant. It is closely related to the tricyclic antidepressants. It is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. There is no documentation of functional improvement from any previous use of this medication and is not recommended for long-term use. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested medication is not medically necessary.

Lunesta 3 mg, #30 with 3 refills: 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 (Chronic): Eszopicolone (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia treatment.

Decision rationale: Eszopicolone (Lunesta) is a prescription short-acting non-benzodiazepine sedative-hypnotic, which is recommended for short-term treatment of insomnia (two to six weeks). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. According to the ODG guidelines, non-benzodiazepine sedative-hypnotics are considered first-line medications for insomnia. 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. Lunesta is indicated for the treatment of insomnia with difficulty of

sleep onset and/or sleep maintenance. All of the benzodiazepine-receptor agonists are schedule IV controlled substances which have potential for abuse and dependency. In this case, Lunesta has been used since at least 2012. There are no current complaints of insomnia. Medical necessity for the requested medication has not been established. The requested Lunesta is not appropriate or medically necessary.