

Case Number:	CM15-0205958		
Date Assigned:	10/22/2015	Date of Injury:	02/15/2001
Decision Date:	12/21/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/20/2015

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:

This is a 67 year old female who sustained a work-related injury on 2-15-01. Medical record documentation on 9-1-15 revealed the injured worker was being treated for lumbago, post-laminectomy syndrome of the lumbar region, migraine, and myalgia and myositis. She described her pain as achy, sharp, stabbing, spasm, throbbing, numbness and tingling pain and noted that her pain is improved with rest, acupuncture and pain medications. She rated her pain a 7-8 on a 10-point scale with her best pain being 7 and worst pain level of 8-9 on a 10-point scale. (On 6-30-15 was an average pain of 7-8 on a 10-point scale, best pain of 7 on a 10-point scale and worst pain of 8-9 on a 10-point scale.) She reported no new pain symptoms since her previous evaluation. Her medication regimen included Inderal LA 80 mg (since at least 5-5-15) Lunesta 3 mg (since at least 5-5-15), Morphine Sulfate 30 mg (since at least 5-5-15), MS Contin 30 mg (since at least 5-5-15), and Voltaren 1% transdermal gel (since at least 6-30-15). Objective findings included use of left forearm splint, no evidence of musculoskeletal atrophy and an antalgic gait. She used a cane for assistance. Previous treatment included physical therapy, heat-ice therapy, trigger point injections, lumbar epidural steroid injections, selective nerve root blocks and lumbar facet injections. A request for Lunesta 3 mg #30 0 refills, Morphine Sulfate 30 mg #90 0 refills, MS Contin 30 mg #90 0 refills, Voltaren 1% Transdermal gel #500 0 refills, Inderal ER 80 mg #30 0 refills and Flexeril 10 mg #90 0 refills was received on 9-9-15. On 9-17-15, the Utilization Review physician determined Lunesta 3 mg #30 0 refills, Morphine Sulfate 30 mg #90 0 refills, MS Contin 30 mg #90 0 refills, Voltaren 1% Transdermal gel #500 0

refills, Inderal ER 80 mg #30 0 refills and Flexeril 10 mg #90 0 refills was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta Mg #30, 0 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 Chapter.

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. Lunesta is indicated for the treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. According to the ODG guidelines, non-Benzodiazepine sedative-hypnotics are considered first-line medications for insomnia. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which have potential for abuse and dependency. It appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. Eszopicolone has demonstrated reduced sleep latency and sleep maintenance. It is recommended for short-term use. 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. In this case, Eszopicolone is a hypnotic and should not be used on a daily basis. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Morphine Sulfate 30mg #90, 0 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): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the ODG, chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added. According to ODG and MTUS, Morphine sulfate ER (Kadian) is an opioid analgesic. Opioid drugs are available in

various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage both acute and chronic pain. These medications are generally classified according to potency and duration of dosage duration. 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 no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. In addition, guidelines necessitate documentation that the prescriptions are from a single practitioner and taken as directed. This was not documented in the records. There was also no documentation of the dosage of Morphine ER 30mg requested. 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.

Ms Contin 30mg #90, 0 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): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to ODG and MTUS, MS Contin (Morphine Sulfate Controlled-Release) is a controlled-release preparation that should be reserved for patients with chronic pain, who are in need of continuous treatment. 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. For opioids, such as MS Contin, to be supported for longer than 6 months, there must be documentation of decreased pain levels and functional improvement. A satisfactory response to treatment may be indicated by decreased pain, increased level of function, and/or improved quality of life. There has not been any evidence of functional benefit or response to ongoing analgesic therapy to support continuation of this medication. Medical necessity of the requested medication has not been established. Of note, discontinuation of MS Contin should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

Voltaren 1% Transdermal Gel #500, Refill: 0: 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): Topical Analgesics.

Decision rationale: The California MTUS Guidelines state Voltaren gel 1% (Diclofenac) has an FDA appropriation indicated for the relief of osteoarthritis pain in joints that lend themselves to topical treatment, such as the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of the spine, hip, or shoulder. The submitted documentation does not indicate that the injured worker had a diagnosis of osteoarthritis. Additionally, the efficacy of the medication was not submitted for review, nor was it indicated that it helped with any functional deficits. Medical necessity for the requested topical gel has been not established. The requested 1% Voltaren Gel is not medically necessary.

Inderal ER 80mg #30, 0 Refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal medicine 2014.

Decision rationale: Among antihypertensive medications, the evidence for migraine prevention is strongest with beta blockers. Beta blockers may prevent migraines by blocking vasodilators, decreasing platelet adhesiveness and aggregation, stabilizing the membrane, and increasing the release of oxygen to tissues. Significant to their activity as migraine prophylactic agents is the lack of partial agonistic activity. Latency from initial treatment to therapeutic results may be as long as 2 months. Beta blockers should not be used as first-line agents for migraine prophylaxis in patients who smoke over the age of 60 years. Compared with other antihypertensive medications, beta blockers pose a higher risk of cardiovascular events. Inderal (Propranolol) is FDA approved for migraine prevention. The dose may be increased gradually to achieve optimum migraine prophylaxis. The long-acting form can be taken once daily. In this case, the documentation indicates that the patient has a history of migraines. This medication is part of her medical regimen and has proven to be beneficial. Medical necessity for the requested medication has been established. The requested medication is medically necessary.

Flexeril 10mg #90, 0 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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, Cyclobenzaprine (Flexeril) 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. Guidelines state that this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. In this case, there is no documentation of objective functional improvement from any previous use of this medication. 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.

