MAXIMUS Federal Services

Case Number:	CM15-0024380		
Date Assigned:	02/13/2015	Date of Injury:	06/20/2000
Decision Date:	03/30/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/09/2015

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: Internal Medicine, Pulmonary Disease

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 68 year old male, who sustained an industrial injury on 6/20/2000. The current diagnoses are degenerative disc disease of the lumbar spine, lumbar radiculopathy, right, lumbar facet arthropathy, and chronic lumbar back pain. Currently, the injured worker complains of constant low back pain with bilateral lower extremity pain. The pain is rated 6-10/10 on a subjective pain scale. The pain is characterized as sharp, dull/aching, throbbing, stabbing, numbness, pressure, electrical/shooting, burning, stinging, cramping, and weakness. The physical examination of the lumbar spine revealed moderate diffuse tenderness more on the right side. Range of motion was limited. Current medications are Lunesta, Nucynta, Butrans, Protonix, Tricor, Halfprin, Metoprolol, and Crestor. The treating physician is requesting Nucynta 100mg #84, Butrans 20 mcg #4, Lunesta 3mg #30 with 2 refills, and toxicology screen, which is now under review. On 1/22/2015, Utilization Review had non-certified a request for Nucynta 100mg #84, Butrans 20 mcg #4, Lunesta 3mg #30 with 2 refills, and toxicology screen. The Nucynta and the Butrans was modified to initiate a weaning process. The California MTUS Chronic Pain and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines July 18, 2009, page 43.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Urine Drug Screening

Decision rationale: The patient is a 68 year old male with a date of injury of 06/20/2000. He has lumbar radiculopathy, degenerative disc disease and chronic low back pain. Lumbar range of motion is decreased. Again the patient is 68 years old and the injury was in 2000. There is no documentation of drug abuse, aberrant drug seeking behavior and he had drug screening in the past that was negative. As per ODG, there is no indication for a current toxicology screen.

Nucynta 100mg #84: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Treatment, Integrated Treatment / Duration Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

Decision rationale: The patient is a 68 year old male with a date of injury of 06/20/2000. He has lumbar radiculopathy, degenerative disc disease and chronic low back pain. Lumbar range of motion is decreased. The requested medication is an opiate that the patient has been receiving long term. MTUS guidelines note that for on-going opiate treatment there must be objective documentation of improved functionality with respect to ability to do activities of daily living or work, documented analgesia efficacy and monitoring for adverse effects and abnormal drug seeking behavior. The documentation provided for review did not meet these criteria and weaning is appropriate.

Butrans 20 mcg #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 07/18/2009, Burprenorphine Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

Decision rationale: The patient is a 68 year old male with a date of injury of 06/20/2000. He has lumbar radiculopathy, degenerative disc disease and chronic low back pain. Lumbar range of motion is decreased. The requested medication is an opiate that the patient has been receiving long term. MTUS guidelines note that for on-going opiate treatment there must be objective documentation of improved functionality with respect to ability to do activities of daily living or work, documented analgesia efficacy and monitoring for adverse effects and abnormal drug

seeking behavior. The documentation provided for review did not meet these criteria and weaning is appropriate.

Lunesta 3mg #30 with 2 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 http:///www.odg-twc.com/odgtwc/pain.htm

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lunesta FDA approved package insert Goldman's Cecil Medicine, 24th Edition, Chapter 23 Geriatric Assessment. 2011.

Decision rationale: The patient is a 68 year old male with a date of injury of 06/20/2000. He has lumbar radiculopathy, degenerative disc disease and chronic low back pain. Lumbar range of motion is decreased. The patient has been treated with Lunesta, a hypnotic medication, and the request is for three months of further treatment. Long term treatment with Lunesta is not standard of care, increases the patient's risk of injury/falling and is experimental and investigational treatment. Lunesta is not medically necessary for this patient.