

Case Number:	CM15-0211044		
Date Assigned:	10/29/2015	Date of Injury:	09/15/2002
Decision Date:	12/10/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/27/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64-year-old male who sustained an industrial injury on 9-15-2002 and has been treated for low back pain with bilateral lower extremity pain. He is noted as being post L4-5 midline laminectomy and fusion in 2005, and is diagnosed with spinal stenosis and radiculopathy of the lumbar region. On 9-23-2015 the injured worker reported that average pain the prior week had been 6-7 out of 10, and that pain medication had been improving pain by 75 percent. Pain was stated to have been intensifying through posterior aspects of the lower limbs, and he had numbness in his feet stating he could "barely feel them" when poking them with a pointed object. Objective findings noted that he had difficulty walking and had a mild forward flexion of the trunk with a "shuffling-like gait." Documented treatment includes lumbar epidural steroid injection 9-3-2013 with 75 percent relief noted; home exercise; Naproxen; Methadone "augmented by Percocet for breakthrough pain"; Lyrica and Savella "for neuropathic modulation with moderate benefit"; and, Lidoderm patches. He is taking Lunesta, which has been 2 mg but noted to be increasingly less effective causing a "return to 3 mg." Documentation states medication regimen enables the injured worker to perform chores, which would not be possible otherwise. The note states that the injured worker is a low risk for opioid abuse, and he was updating and signing his opioid agreement. Random urine drug screenings were said to be part of the treatment plan. This medication regimen is present in documented treatment for at least 6 months. The note of 4-22-2015 states that "sleep hygiene was reviewed with Lunesta continued," but specific sleep patterns or response to the medication is not provided, and there are no indications of a sleep study. The treating physician's plan of care includes Lunesta 2 mg #30 with

two refills, Savella 50 mg. #60 with two refills, and a retrospective request for urine drug testing performed 9-23-2015. On 10-7-2015, Lunesta was modified to #22, Savella to #45, and the urine drug test was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Urine drug test (DOS 09/23/2015): 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): Drug testing.

Decision rationale: Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid for this chronic injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Retrospective Urine drug test (DOS 09/23/2015) is not medically necessary or appropriate.

Pharmacy purchase of Lunesta 2mg #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.

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, pages 535-536.

Decision rationale: Review indicates the request for Lunesta was modified to #22. Report noted the patient was taking Lunesta, which has been 2 mg but noted to be increasingly less effective causing a "return to 3 mg." Hypnotics are not included among the multiple medications noted to be optional adjuvant medications, per the Official Disability Guidelines (ODG), Pain. Additionally, Lunesta is a non-benzodiazepine-like, Schedule IV controlled substance. Long-term use is not recommended as efficacy is unproven with a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic and anxiolytic. Chronic use is the treatment of choice in very few conditions. Tolerance to hypnotic effects develops

rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Submitted documents have not demonstrated any specific functional improvement including pain relief with decreased pharmacological profile, decreased medical utilization, increased ADLs and work function, or quantified hours of sleep as a result from treatment rendered for this chronic 2002 injury. The reports have not identified any specific clinical findings or confirmed diagnoses of sleep disorders nor is there any noted failed trial of behavioral interventions or proper sleep hygiene regimen to support its continued use. The Pharmacy purchase of Lunesta 2mg #30 with 2 refills is not medically necessary or appropriate.

Pharmacy purchase of Savella 50mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Milnacipran (Ixel).

Decision rationale: Milnacipran hydrochloride (brand name Savella) is a selective norepinephrine and serotonin reuptake inhibitor under study for indication of the management of fibromyalgia. Submitted reports have not adequately demonstrated any specific clear indication, clinical findings, or ADLs limitations to support the continued use of Savella under the patient's listed diagnoses of lumbar radiculopathy s/p L4-5 midline laminectomy and fusion in 2005 nor has there been functional improvement from treatment rendered for this chronic injury of 2002. The Pharmacy purchase of Savella 50mg #60 with 2 refills is not medically necessary or appropriate.