

Case Number:	CM15-0216138		
Date Assigned:	11/06/2015	Date of Injury:	12/10/2013
Decision Date:	12/23/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	11/03/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back, mid back, and knee pain reportedly associated with an industrial injury of December 10, 2003. In a Utilization Review report dated October 7, 2015, the claims administrator failed to approve requests for Valium, MS Contin, and Lunesta. The claims administrator referenced a September 23, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On June 3, 2015, the applicant reported ongoing issues with neck, low back, leg, foot, and knee pain. The applicant is on multiple knee surgeries. The applicant reported difficulty negotiating stairs, standing, walking, and driving to and from doctor's appointments. The applicant's medications included Zofran, Valium, Lunesta, Zyrtec, Naratriptan, Benadryl, and Norco, the treating provider reported. Heightened dosage of Norco was apparently introduced. Neurontin was sought at heightened dosage. The treating provider suggested that the applicant could consider a functional restoration program. On September 26, 2015, the applicant reported ongoing issues with mid and low back pain. The applicant was using Nucynta and Valium, the treating provider reported. The treating provider suggested that the applicant was not working, stating that the applicant wanted to discuss her off work note. The treating provider explicitly stated in another section of the note that the applicant was not currently working. Highly variable 2 to 6/10 pain complaints were reported. The treating provider contended that Nucynta and Valium were giving her 6-8 hours of analgesia and were allowing her to complete unspecified activities of daily living without assistance. The applicant's medications list, in another section of the note, reportedly included Lunesta, Imitrex, Valium,

MS Contin, Zyrtec, Benadryl, albuterol, Zofran, Spiriva, Dulera, prednisone, Pepcid, albuterol, Naratriptan, and lidocaine, the treating provider reported. Valium, Imitrex, MS Contin, Lunesta, and Zyrtec were all seemingly endorsed. The treating provider stated that the applicant had stopped Nucynta extended release and Nucynta immediate release and employ MS Contin for pain relief. The applicant was given a rather proscriptive 10-pound lifting limitation, which the treating provider suggested that the applicant's employer was unable to accommodate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 2mg, #90: Upheld

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

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

Decision rationale: No, the request for Valium, a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines such as Valium are not recommended for long-term use purposes, with most guidelines limiting usage of four weeks, whether employed for sedative effect, anxiolytic effect, anti-convulsant effect, hypnotic effect, or the muscle relaxant effect for which Valium was seemingly employed here. Therefore, the request is not medically necessary.

MS Contin 15mg, #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioid hyperalgesia.

Decision rationale: Conversely, the request for MS Contin, a long-acting opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 75 of the MTUS Chronic Pain Medical Treatment Guidelines, long-acting opioids such as MS Contin are highly potent form of opioid analgesic and can be employed to provide around-the-clock analgesia. Here, the treating provider seemingly suggested, albeit circuitously, on September 22, 2015, that the applicant was deriving only incomplete analgesia through Nucynta immediate release and Nucynta extended-release and seemingly suggested that the applicant discontinue Nucynta extended-release in favor of MS Contin. Page 96 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that opioid rotation is an option in applicants who develop issues with opioid tolerance and/or opioid hyperalgesia. Rotating the applicant to MS Contin was, thus, seemingly an appropriate option in the clinical context present here. Therefore, the request is medically necessary.

Lunesta 3mg, #30: 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): Introduction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Eszopicolone (Lunesta).

Decision rationale: Similarly, the request for Lunesta, a sleep aid, was not medically necessary, medically appropriate, or indicated here. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of the applicant-specific variable such as other medications into his choice of pharmacotherapy. Here, however, the attending provider's September 26, 2015 progress note did not clearly outline why the applicant was receiving two separate potentially sedating agents, Valium and Lunesta. ODG's Mental Illness and Stress Chapter Eszopicolone topic likewise notes that Lunesta is not recommended for long-term usage but, rather, should be reserved for short-term use purposes. Here, thus, the renewal request for Lunesta was at odds with both page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and with ODG's Mental Illness and Stress Chapter Eszopicolone topic. Therefore, the request is not medically necessary.