

Case Number:	CM15-0218759		
Date Assigned:	11/10/2015	Date of Injury:	03/05/1998
Decision Date:	12/22/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/06/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 49 year old male, who sustained an industrial injury on 3-5-98. The injured worker was diagnosed as having opioid dependence; fibromyalgia; unspecified myalgia and myositis; lumbar disc lesion; cervical disc disorder. Treatment to date has included urine drug screening; medications. Currently, the PR-2 notes dated 9-15-15 indicated the injured worker was in the office to discuss changing his Tramadol to another medication that is stronger because it is not helping with his back pain. He also wants to discuss getting an epidural injection again. The provider notes his "pain levels with medications 5-6 out of 10; without medications 8-9 out of 10" Listed are his current medications: Celebrex, Lunesta; Lyrica; Cymbalta; Nucynta and Talwin. The provider as "Past month more bad days than good documents objective findings. We have not done epidurals this year. His forward flexion 40 degrees; extension 15 degrees with pain; 25 degrees of lateral flexion; rotation only about 35-40 degrees before pain in thoracic region; straight leg raising positive to the calf on the left, negative on the right; sit to stand pushes up with arms; stands with bent knees; toe walking with substantial difficulty; negative foot drop." The provider discusses a lumbar corset was used in the past, but the injured worker needed a new one and this was denied (old one is wrapped in 'duct tape'). The injured worker is concerned about his weakness and feels he benefited from the corset. The treatment plan includes a request for three rolls of "duct tape" to use on his current lumbar corset; and medication with the exception of Tramadol which he has discontinued. The provider has added Nucynta 75mg 1-2 every 4 hours as needed for pain. A PR-2 note dated 5-12-15 indicated the injured worker had been taking Lunesta since at least that date. A Request for Authorization is

dated 11-2-15. A Utilization Review letter is dated 10-23-15 and modified the certification for 1 Prescription of Lunesta 3mg, #30 to allow #17 and 1 Prescription of Nucynta 75mg #180 to allow #124 . A request for authorization has been received for 1 Prescription of Lunesta 3mg, #30 and 1 Prescription of Nucynta 75mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Nucynta 75mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Tapentadol (Nucynta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The California MTUS states: When to Continue Opioids: (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is documented significant improvement in VAS scores for significant periods of time. With pain decreased from 10/10 to a 5/10. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore not all criteria for the ongoing use of opioids have been met and the request is not medically necessary.

1 Prescription of Lunesta 3mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; 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.

Decision rationale: The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The patient does not have the diagnosis of primary insomnia or depression. There is no provided clinical documentation of failure

of sleep hygiene measures/counseling. Therefore the request is not medically necessary.