

Case Number:	CM15-0226036		
Date Assigned:	11/24/2015	Date of Injury:	11/03/2008
Decision Date:	12/31/2015	UR Denial Date:	11/16/2015
Priority:	Standard	Application Received:	11/17/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 injured worker is a 54 year old male, who sustained an industrial injury on November 3, 2008. He reported left knee and right ankle pain. The injured worker was currently diagnosed as having internal derangement of the knee on the left status post interventional treatment, internal derangement of knee on the right with patellofemoral chondromalacia noted and right ankle sprain. Treatment to date has included diagnostic studies, hot and cold wrap, brace, injections, TENS unit, medication, injection, surgery and physical therapy. On October 7, 2015, the injured worker was noted to be improved overall with the pain from the right knee surgery, although stiffness and weakness persist. He can now walk 30 minutes and sit close to an hour. Physical examination revealed tenderness and mild effusion on the left knee. Left knee range of motion was 180 degrees of extension and 130 degrees of flexion. The effusion was noted to be gone and tenderness much diminished along the knee on the left. A request was made for Naproxen, Effexor XR, tramadol ER, Norflex ER, Lunesta, Flexeril, Norco and Celebrex. On November 16, 2015, utilization review denied a request for Ultracet 37.5mg #60 and Lunesta 2mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5mg #60: 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) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ultracet 37.5 mg, #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured workers working diagnoses are internal derangement of the knee on the left status post interventional treatment; internal arrangement of the right knee patellofemoral chondromalacia; and right ankle sprain. Date of injury is November 3, 2008. Request for authorization is November 4, 2015. According to the March 15, 2011 progress note, the treating provider prescribed Ultracet. According to a June 3, 2015 progress note, the treating provider prescribed Lunesta. According to a November 4, 2015 progress note, subjective complaints include bilateral knee pain, right ankle pain. There is no documentation of insomnia or sleep difficulties. There is no documentation of improved sleep quality. The injured worker completed 15 out of 18 physical therapy sessions to the lessee. Objectively, left knee range of motion is 180 of extension and 130 of flexion. There is joint line tenderness. There is no documentation demonstrating objective functional improvement to support the ongoing use of Ultracet. There are no detailed pain assessments or risk assessments. Additionally, the treating provider has prescribed Ultracet in excess of four years. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement after four years of use and no detailed pain assessments or risk assessments, Ultracet 37.5 mg, #60 is not medically necessary.

Lunesta 2mg #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 (ODG), Eszopicolone (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Lunesta.

Decision rationale: Pursuant to the Official Disability Guidelines, Lunesta 2 mg #30 is not medically necessary. Lunesta is not recommended for long-term use, but recommended for short-

term use. The guidelines recommend limiting hypnotics to three weeks maximum in the first two months of injury only. Pain specialists rarely, if ever, recommend them for long-term use. They can be habit forming and may impair function and memory more than opiate pain relievers. See the guidelines for additional details. In this case, the injured workers working diagnoses are internal derangement of the knee on the left status post interventional treatment; internal arrangement of the right knee patellofemoral chondromalacia; and right ankle sprain. Date of injury is November 3, 2008. Request for authorization is November 4, 2015. According to the March 15, 2011 progress note, the treating provider prescribed Ultracet. According to a June 3, 2015 progress note, the treating provider prescribed Lunesta. According to a November 4, 2015 progress note, subjective complaints include bilateral knee pain, right ankle pain. There is no documentation of insomnia or sleep difficulties. There is no documentation of improved sleep quality. The injured worker completed 15 out of 18 physical therapy sessions to the lessee. Objectively, left knee range of motion is 180 of extension and 130 of flexion. There is joint line tenderness. There is no documentation demonstrating objective functional improvement to support the ongoing use of Lunesta. There is no documentation of sleep disorder or insomnia. Lunesta is indicated for short-term use. The treating provider prescribed Lunesta in excess of five months without compelling clinical facts to support its use. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and treatment continued well in excess of the recommended guidelines (in excess of five months), Lunesta 2 mg #30 is not medically necessary.