

Case Number:	CM15-0045600		
Date Assigned:	03/17/2015	Date of Injury:	05/24/2002
Decision Date:	04/23/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/10/2015

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: District of Columbia, Virginia
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 was a 69-year-old female, who sustained an industrial injury, May 4, 2002. The injured worker previously received the following treatments toxicology laboratory studies, home exercise program, Oxycontin, Oxycodone and Lunesta. The injured worker was diagnosed with post cervical fusion syndrome, degenerative disc disease of the lumbar spine, myofascial spasms and insomnia due to pain. According to progress note of February 4, 2015, the injured workers chief complaint was the worse pain in the back of the neck, shoulders, and lower back. The injured worker was taking less pain medications due to cut backs by the carrier. The injured worker was not sleeping due to increased pain, Ambien was being effective. The physical exam noted the injured worker had an antalgic gait. There was cervical facet loading, tenderness to palpation of the cervical spine. There was myofascial spasms noted at the upper, mid and lower back. There was tenderness noted at the sacroiliac joint and myofascial spasms at the quadriceps lomborum. The treatment plan included discontinuation of Oxycodone and new prescription for brand name for Dilaudid, on February 4, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2mg, #30 with 3 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 Pain Chapter regarding Lunesta.

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

Decision rationale: ODG-insomnia. Per ODG guidelines, the medication would not be recommended for long-term usage and the dose is higher than the recommended dose. Per ODG guidelines, proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so called minor tranquilizers and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit forming and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long term (Feinberg 2008). See insomnia treatment. Lunesta: not recommend for long term usage but recommended for short term use. While sleeping pills, so-called minor tranquilizers and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long term use. They can be habit forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long term. The FDA has lowered the recommended starting dose of lunesta from 2mg to 1 mg for both men and women. Previously recommended doses can cause impairment of driving skills, memory, and coordination as long as eleven hours after the drug is taken. Despite these long lasting effects, patients were often unaware they were impaired (FED 2014). Per review of clinical documentation provided, there is no medical indication for long term usage of this drug. It would not be medically appropriate. The request IS NOT medically necessary.

Valium 5mg, #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792
Page(s): 24.

Decision rationale: Per MTUS: Benzodiazepines. Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are 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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005) The patient was using this medication to treat insomnia and had chronic pain issues. This medication is not indicate to treat insomnia or for long term usage. It would not be indicated for this patient. This medication would not be indicated for long term usage. The request IS NOT medically necessary.

Dilaudid 4mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria regarding continued use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792
Page(s): 93, 75, 124-127.

Decision rationale: Per MTUS: Hydromorphone (Dilaudid; generic available): 2mg, 4mg, 8mg. Side Effects: Respiratory depression and apnea are of major concern. Patients may experience some circulatory depression, respiratory arrest, shock and cardiac arrest. The more common side effects are dizziness, sedation, nausea, vomiting, sweating, dry mouth and itching. (Product Information, Abbott Labs 2006) Analgesic dose: Usual starting dose is 2mg to 4mg PO every 4 to 6 hours. A gradual increase may be required, if tolerance develops. This medication would be indicated for short term usage . This patient had chronic pain issues. A weaning process should be initiated. It is also unclear as to what level of pain benefit this patient had achieved from this medication. The request IS NOT medically necessary.