

Case Number:	CM15-0058300		
Date Assigned:	04/03/2015	Date of Injury:	01/12/1999
Decision Date:	06/11/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	03/26/2015

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: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 52-year-old male who reported an injury on 01/12/1999. The mechanism of injury involved a fall. The current diagnoses include reflex sympathetic dystrophy, pain in the knee, lumbar spondylosis, and lumbar or thoracic radiculopathy. The injured worker presented on 02/16/2015 for a follow-up evaluation regarding low back and leg pain. The injured worker was status post right knee arthroscopy. It was noted that during the right knee arthroscopy, venipuncture caused a right upper extremity complex regional pain syndrome. The injured worker was a graduate of the functional restoration program and continued to follow-up for reinforcement. The injured worker was status post lumbar radiofrequency ablation at L4-5 and L5-S1 in 03/2014 with 80% reduction of pain. The injured worker had also completely weaned from a Butrans patch. A repeat caudal epidural injection on 12/16/2014 produced 80% reduction of pain and radiating symptoms. A bilateral L3-5 radiofrequency ablation on 12/09/2014 also produced 50% to 60% reduction of pain. The injured worker presented with complaints of 6/10 pain. The current medication regimen includes Voltaren 1% gel, Lunesta, Butrans patch, Cymbalta, Norco, and Provigil. Upon examination, there was a nonantalgic gait, worsening range of motion of the lumbar spine, moderate pain with facet loading, moderate facet tenderness to palpation, increased pain on palpation of the coccyx region, 4/5 motor weakness in the bilateral lower extremities, and decreased sensation in the right lower extremity.

Recommendations at that time included continuation of the current medication regimen. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Official Disability Guidelines recommend insomnia treatment based on ideology. Lunesta has demonstrated reduced sleep latency and sleep maintenance. There is no documentation of a failure of nonpharmacologic treatment prior to the initiation of a prescription product. There is also no mention of functional improvement despite the ongoing use of this medication. Guidelines do not support long-term use of hypnotics. There is also no frequency listed in the request. As such, the request is not medically necessary.

Cymbalta 60mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: California MTUS Guidelines state Cymbalta has been FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is used off label for neuropathic pain and radiculopathy. In this case, the injured worker has continuously utilized the above medication since at least 08/2014. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects

should occur. In this case, the injured worker has continuously utilized the above medication since at least 08/2014. There is no documentation of objective functional improvement despite the ongoing use of this medication. There is also no frequency listed in the request. As such, the request is not medically necessary.

Provigil 100mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Official Disability Guidelines state Provigil is the brand name for modafinil and is approved by the FDA for treatment of narcolepsy. Prescribers using Provigil for sedation effects of opioids should consider reducing the dose of opioids before adding a stimulant. The injured worker does not maintain a diagnosis of narcolepsy. There is no indication that the prescriber has attempted to reduce the dose of opioids before adding Provigil. There was also no frequency listed in the request. As such, the request is not medically necessary.