MAXIMUS Federal Services

Case Number:	CM15-0086597		
Date Assigned:	05/08/2015	Date of Injury:	01/25/2007
Decision Date:	06/23/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/05/2015

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: Georgia
Certification(s)/Specialty: Anesthesiology, Pain Management

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 39-year-old male, who sustained an industrial injury on 1/25/07. The diagnoses have included cervicalgia, lumbago and brachial neuritis/radiculitis, poor sleep, depression, anxiety and opioid dependency. Treatment to date has included medications, diagnostics, ortho stimulator home unit, pain management and activity modifications. Currently, as per the physician progress note dated 3/2/15, the injured worker complains of neck pain with left arm pain, occipital headache and low back pain with left leg pain. It is noted that he has not received his medications Subsys and Zomig and without them he complains of severely increased pain. He states that when he gets the headaches and the neck pain at the same time he is incapacitated without the medications. He is back to work with using the current medication regimen. The average pain since the last visit is rated 9/10 on pain scale. He also reports poor sleep quality due to pain. Physical exam revealed ongoing but tolerable neck pain and ongoing cervicogenic headache. He has numbness to the ulnar aspect of the left arm and hand. There is positive crepitus with active range of motion to the cervical spine. He is able to reproduce left arm pain to hand on neck rotation/extension for which surgery is indicated. His symptoms are consistent with the Magnetic Resonance Imaging (MRI) findings. The current medications included Methadone, Oxycodone, OxyContin, Celebrex, Baclofen, Lunesta, Subsys and Maxalt. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical spine. There was no diagnostic results noted in the records and there was no urine drug screen submitted for review in the records. The physician requested treatments included Subsys, Maxalt and Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subsys 800umg/tab; 1 tab QD PRN #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid analgeisc Page(s): 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: Subsys 800umg/tab; 1 tab QD PRN #30 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore, the requested medication is not medically necessary.

Maxalt-MLT 10mg/tab; 1 tab p.o. QD PRN #10: 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), Head - Rizatriptan (Maxalt).

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

Decision rationale: Maxalt - MLT 10mg/tab; 1 tab po QD prn #10 is not medically necessary. The official disability guidelines states that triptans are recommended for migraine sufferers. The medical records lack history, physical and diagnostic testing to indicate chronic migraines; therefore the requested medication is not medically necessary.

Lunesta 3mg/tab; 1 tab p.o QHS #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), Mental illness and Stress.

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

Decision rationale: Lunesta 3 mg/tab; 1 tab po qhs is not medically necessary. The ODG states that non-benzodiazepines sleep aids is not recommended for long-term use, but recommended for short-term use. While sleeping pills, so called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialist 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 long-term. Lunesta is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found sleep aids to be effective for up to 24 weeks in adults. According to the medical records, it is unclear how long the claimant was on the sleeping aid medication of this class. Additionally, there is no documentation of evidence of sleep disorder requiring this medication for example a sleep study. It is more appropriate to set a weaning protocol at this point. Lunesta in this case is not medically necessary.