MAXIMUS Federal Services

Case Number:	CM15-0093880		
Date Assigned:	05/21/2015	Date of Injury:	04/28/2006
Decision Date:	12/09/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/18/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 56-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 28, 2006. In a Utilization Review report dated May 15, 2015, the claims administrator failed to approve requests for Lunesta, Norco, and Nucynta. The claims administrator referenced an RFA form received on April 7, 2015 in its determination. The applicant's attorney subsequently appealed. On March 24, 2015, the applicant reported ongoing complaints of low back pain radiating to the lateral extremities, 8/10. The applicant was on Norco, Desyrel, Ambien, Advair, naproxen, Soma, Prilosec, Nucynta extended release, Flector, tizanidine, and Colace, it was reported. The applicant had undergone earlier failed lumbar spine surgery, it was reported. Multiple medications were renewed, including Lunesta, naproxen, Norco, Nucynta, and tizanidine. The note was very difficult to follow, was some 11 pages long, and mingled historical issues with current issues to a considerable extent. The applicant had developed derivative issues of anxiety, depression, and sleep disturbance, it was acknowledged. 8/10 without medications versus 5/10 with medications was reported. The applicant also reported issues with poor sleep and low energy levels. The applicant's pain complaints were described as having severe radiating pain complaints, it was stated in various sections of the note. The applicant's work status was not outlined, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg, 1 tablet at bedtime as needed, #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), Insomnia treatment.

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

Decision rationale: No, the request for Lunesta, a sleep aid, was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, ODG's Mental Illness and Stress Chapter Eszopiclone topic notes that Lunesta is not recommended for chronic or long-term use purposes but, rather, should be reserved for short-term use purposes. Here, thus, the renewal request for Lunesta was at odds with the ODG position on the same. Therefore, the request was not medically necessary.

Nucynta 50mg, 1 tablet in the morning and 2 tablets in the afternoon, #90: 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, criteria for use.

Decision rationale: Similarly, the request for Nucynta, an opioid agent, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not reported on March 24, 2015. The applicant was not, in fact, working. The attending provider stated in various sections of the note that the applicant had had "severe radiating leg pain," despite ongoing medication consumption. While another section of the note was notable for commentary to the effect that the applicant's pain scores were reduced from 8/10 without medications to 5/10 with medications, these reports were, however, outweighed by the attending provider's failure to clearly report the applicant's work status, the applicant's seeming failure to return to work, and attending provider's failure to identify meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Nucynta usage. Therefore, the request was not medically necessary.

Norco 10/325mg, 1 tablet 2 times daily as needed, #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, criteria for use.

Decision rationale: Similarly, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not reported on March 24, 2015, suggesting that the applicant was not, in fact, working. While the treating provider did recount a low-grade reduction of pain scores from 8/10 without medications to 5/10 with medications in one section of the note, these reports were, however, outweighed by the attending provider's failure to outline the applicant's work status, the applicant's seeming failure to return to work, the attending provider's commentary in another section of the March 24, 2015 office visit to the effect that the applicant was having severe radiating leg pain complaints, and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.