

Case Number:	CM14-0139196		
Date Assigned:	09/05/2014	Date of Injury:	04/07/2004
Decision Date:	10/14/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/28/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 56-year-old male who reported an injury due to continuous trauma on 04/07/2004. On 07/01/2014, his diagnoses included brachial neuritis or radiculitis NOS, post laminectomy syndrome of the cervical spine, lumbar or lumbosacral disc degeneration, lumbosacral spondylosis with myelopathy, myofascial pain syndrome, and muscle spasm. His complaints included neck pain going down to both upper extremities rated 8.5/10. He also had complaints of anxiety, back pain, joint stiffness, limb pain, morning stiffness, and muscle spasms. He reported side effects from the medications including constipation, drowsiness, insomnia, and itching. He stated that he had poor quality of sleep. His medications included Lunesta 2 mg, Oxycodone 30 mg, OxyContin 80 mg, Morphine Sulfate ER 60 mg, Zohydro ER 30 mg, Effexor XR 150 mg, Nexium DR 40 mg, and Remeron 45 mg. There was no rationale or Request for Authorization included in this workers chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine sulfate 100mg tablets 1 po bid #60/30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-95.

Decision rationale: The request for Morphine sulfate 100mg tablets 1 po bid #60/30 days is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain and intensity of pain before and after taking the opioid. Satisfactory response to treatment may be indicated by decreased pain, increase level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. In most cases analgesic treatment should begin with Acetaminophen, Aspirin, NSAIDs, or anticonvulsants. Long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations including failed trials of NSAIDs, aspirin or anticonvulsants, quantified efficacy, drug screens or collateral contacts. In this absence of this information, the ongoing use of Morphine sulfate is not supported by the guidelines. It was noted that this injured worker was taking 5 different opioid medications. The documentation did not show any calculations of morphine equivalency dosages. The clinical information submitted failed to meet the evidence based guidelines for continued use of this opioid medication. Therefore, this request for Morphine sulfate 100mg tablets 1 po bid #60/30 days is not medically necessary.

Lunesta 1 po qd #30/30 days: 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

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

Decision rationale: The request for Lunesta 1 po qd #30/30 days is not medically necessary. The Official Disability Guidelines recommend that pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbances. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific components of insomnia should be addressed including sleep onset, sleep maintenance, sleep quality and next day functioning. Nonbenzodiazepine sedative hypnotics may be considered a first line medication for insomnia, although direct comparisons between benzodiazepines and the nonbenzodiazepine sedative hypnotics have not been studied, it appears that the benzodiazepines had similar efficacy to the benzodiazepines with fewer side effects and shorter duration of action. Lunesta has demonstrated reduced sleep latency and sleep maintenance. It is the only nonbenzodiazepine approved for use for longer than 35 days. The submitted documentation revealed that this injured worker had been using Lunesta since 06/03/2014, and stated that his medications were not being effective. He still had poor quality of sleep and reported insomnia even with the use of Lunesta. The need for continuing this medication with this injured worker was not clearly demonstrated in the submitted documentation. Therefore, this request for Lunesta 1 po qd #30/30 days is not medically necessary.

