

Case Number:	CM14-0147047		
Date Assigned:	09/15/2014	Date of Injury:	08/21/2007
Decision Date:	10/29/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/10/2014

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 Anesthesiology & Pain Medicine and is licensed to practice in Florida. 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 57-year-old male who reported an injury on 08/21/2007. The mechanism of injury was not submitted for clinical review. The diagnosis included status post bilateral L4-5 laminectomy, bilateral plantar fasciitis with recurrent right heel surgery, diabetes mellitus, hip pain, and pain in joint of the lower leg. The previous treatments included medication, epidural steroid injections, physical therapy, and surgery. Within the clinical note dated 09/12/2014, it was reported the injured worker complained of neck pain, lower backache, bilateral hip pain, and bilateral hand pain. The injured worker reported her quality of sleep was poor. On the physical examination, the provider noted the lumbar range of motion was flexion at 50 degrees and extension at 15 degrees. There was tenderness to palpation and tight muscle bands noted on the paravertebral muscles. The injured worker had decreased sensation over the medial foot on the right side. There was pain with passive internal rotation of the right hip and internal rotation and external rotation of the left hip. The provider requested Lunesta, Lyrica, Nucynta, and Robaxin. However, a rationale was not submitted for clinical review. The Request for Authorization was submitted and dated 09/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg, #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Pain - 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) Pain, Insomnia Treatment.

Decision rationale: The Official Disability Guidelines do not recommend Lunesta for long term use, but recommend it for short term use. The guidelines recommend that insomnia treatment be based on etiology. Pharmacological agents should be only used after careful evaluation of potential causes of sleep disturbances. Failure of sleep disturbances to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. There is a lack of significant objective findings warranting a medical necessity for the request. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

Lyrica 75mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic medications Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Antiepilepsy drugs (AEDs), Page(s): page(s) 16, 19..

Decision rationale: The MTUS Chronic Pain Guidelines recommend Lyrica for neuropathic pain due to nerve damage. The guidelines not Lyrica has been documented to be effective in the treatment of diabetic neuropathy and postherpetic neuralgia, and has FDA approval for both indications and is considered a first line treatment for both. The guidelines note the medication also has an anti anxiety effect. There was a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

Nucynta 75mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management, Page(s): page(s) 78..

Decision rationale: The MTUS Chronic Pain Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is a lack of documentation indicating the medication has been providing objective functional improvement and benefit. The request submitted failed to provide the frequency of the medication. Additionally, the provider failed to document an

adequate and complete pain assessment within the documentation. The use of a urine drug screen was not submitted for clinical review. Therefore, the request is not medically necessary.

Nucynta ER 100mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management, Page(s): page(s) 78. .

Decision rationale: The MTUS Chronic Pain Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is a lack of documentation indicating the medication has been providing objective functional improvement and benefit. The request submitted failed to provide the frequency of the medication. Additionally, the provider failed to document an adequate and complete pain assessment within the documentation. The use of a urine drug screen was not submitted for clinical review. Therefore, the request is not medically necessary.

Robaxin 500mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Muscle Relaxants, Page(s): page(s) 63, 64..

Decision rationale: The MTUS Chronic Pain Guidelines recommend non-sedating muscle relaxants with causation as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the injured worker has been utilizing the medication since 05/2014, which exceeds the guidelines' recommendation of short term use of 2 to 3 weeks. Therefore, the request is not medically necessary.