

Case Number:	CM14-0092626		
Date Assigned:	07/25/2014	Date of Injury:	06/23/2011
Decision Date:	10/14/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/18/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 31 year old female injured on 06/23/11 when involved in a motor vehicle collision resulting in low back pain. Prior treatment included physical therapy, home exercise program, acupuncture, medication management, and multiple epidural steroid injections without significant benefit. The documentation indicated the injured worker was deemed a nonsurgical candidate. Clinical note dated 04/23/14 indicated the injured worker presented complaining of persistent low back pain radiating to the right lower extremity with no change since previous visit. The injured worker reported doing well on current medication regimen with continued decrease in pain from 8/10 to approximately 5-6/10 with use of medication. The injured worker reported attempting to utilize gym regularly in addition to walking. The injured worker reported previous attempt to utilize Seroquel and Lexapro unsuccessful. No objective findings provided for review. Treatment plan included prescription for Morphine Sulfate ER 30mg #60 no refills, Lunesta 3mg #30 with 4 refills, Motrin 800mg #60, Prilosec 20mg #30, Amitriptyline 50mg #60, and Neurontin 600mg #180. The initial request for Lunesta and Morphine Sulfate ER was non-certified on 05/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3MG tablet, #30 with 4 refills.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Mental Illness & Stress: Lunesta

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (for example Knee)>, Eszopicolone (Lunesta)

Decision rationale: As noted in the Official Disability Guidelines, Lunesta is not recommended for long-term use, but recommended for short-term use. Current studies recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. The injured worker has exceeded the recommended treatment window. As such, the request for Lunesta 3MG tablet, #30 with 4 refills cannot be recommended as medically necessary.

Morphine sulfate ER 30mg, #60 with no refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines:Opioids pages 78-80, Mor.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As such, Morphine sulfate ER 30mg, #60 with no refills cannot be recommended as medically necessary at this time.