

Case Number:	CM15-0012049		
Date Assigned:	01/29/2015	Date of Injury:	10/16/2008
Decision Date:	03/24/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/21/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41 year old male, who sustained an industrial injury on 10/16/2008. The diagnoses have included complex regional pain syndrome (CRPS), major depressive disorder, chronic post traumatic stress disorder and chronic pain syndrome. Treatment to date has included physical therapy, surgery, aquatic therapy and sympathetic nerve blocks. According to the visit note dated 11/19/2014, the injured worker had a history of complex regional pain syndrome (CRPS) lower. He presented for follow-up and medication refills. He was noted to be stable with no issues. He reported pain relief with the use of his medications. Physical exam revealed right lower extremity weakness which was unchanged. He was noted to have routine urine drug screens. A psychology note dated 12/6/2014 noted that the injured worker reported feeling better following the removal of his implanted spinal cord stimulator. On 12/15/2014, Utilization Review (UR) non-certified a request for Eszopiclone 3mg at bedtime, Oxycodone Hydrochloride 15mg every six hours and Morphine Sulfate ER 15mg three times a day. The MTUS, ACOEM Guidelines and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopiclone 3mg QHS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): Table 14-6.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental & Stress Chapter states: "Eszopiclone (Lunesta) Pain chapter, Insomnia treatment

Decision rationale: The patient presents for follow-up and medication refills. The request is for Eszopiclone 3mg qhs. The RFA is not provided. Patient's diagnosis on 11/19/14 included complex regional pain syndrome (CRPS), major depressive disorder, chronic post traumatic stress disorder, and chronic pain syndrome. Patient is permanent and stationary. ODG-TWC, Mental & Stress Chapter states: "Eszopiclone (Lunesta): Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. 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 FDA has lowered the recommended starting dose of eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women." Per the UR letter dated 12/15/14, it appears that the patient has been taking Eszopiclone consistently at least since 09/11/14. The guidelines allow a short-term use of this medication to address insomnia. ODG recommends short-term use of up to 3 weeks, and patient has been taking the medication for more than 6 months. Furthermore, FDA has lowered the recommended starting dose of Eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women. The request for Eszopiclone 3mg is not compliant with the guidelines. Therefore the request is not medically necessary.

Oxycodone Hydrochloride 15mg Q6h: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; Pain (Chronic) chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents for follow-up and medication refills. The request is for OXYCODONE HYDROCHLORIDE 15MG Q6H. The RFA is not provided. Patient's diagnosis on 11/19/14 included complex regional pain syndrome (CRPS), major depressive disorder, chronic post traumatic stress disorder, and chronic pain syndrome. Patient is permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, a prescription for Oxycodone is first noted in the progress report dated 05/06/14 and the patient has been using the medication consistently at least since then. Per progress report dated 11/19/14, treater states that the patient reports pain relief with the use of his medications. The medications allow the patient to perform his activities daily living and currently denies any major medication side effect.

Patient does not show any aberrant behavior and gets routine urine drug screen. CURES reports are appropriate. In this case, only generic statements are provided without the specifics to show a significant functional improvements. No validated instruments are used to show functional improvement and no outcome measures are provided either, as required by MTUS. The treater does not document measurable increase in activities of daily living due to prolonged opioid use. Treater does not discuss side effects, UDS results or CURES reports. The four As, including analgesia, specific ADL's, adverse reactions, and aberrant behavior, are not specifically addressed. The request is not medically necessary.

Morphine sulfate ER 15mg TID: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; Ankle & Foot (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents for follow-up and medication refills. The request is for Morphine Sulfate ER 15MG TID. The RFA is not provided. Patient's diagnosis on 11/19/14 included complex regional pain syndrome (CRPS), major depressive disorder, chronic post traumatic stress disorder, and chronic pain syndrome. Patient is permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, a prescription for Morphine is first noted in the progress report dated 05/06/14 and the patient has been using the medication consistently at least since then. Per progress report dated 11/19/14, treater states that the patient reports pain relief with the use of his medications. The medications allow the patient to perform his activities daily living and currently denies any major medication side effect. Patient does not show any aberrant behavior and gets routine urine drug screen. CURES reports are appropriate. In this case, only generic statements are provided without the specifics to show a significant functional improvements. No validated instruments are used to show functional improvement and no outcome measures are provided either, as required by MTUS. The treater does not document measurable increase in activities of daily living due to prolonged opioid use. Treater does not discuss adverse reactions, UDS results or CURES reports. The four As, including analgesia, specific ADL's, adverse reactions, and aberrant behavior, are not specifically addressed. The request is not medically necessary.