MAXIMUS Federal Services

Case Number:	CM15-0127573		
Date Assigned:	07/20/2015	Date of Injury:	06/26/2001
Decision Date:	09/22/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/01/2015

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 47-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of June 26, 2001. In a Utilization Review report dated June 10, 2015, the claims administrator failed to approve requests for Duragesic, Lunesta, morphine, Norco, Soma, and Valium. The claims administrator referenced a May 4, 2015 progress note in its determination. On April 6, 2015, the applicant reported ongoing issues with chronic neck pain. The applicant was given refills of Duragesic, Lunesta, morphine, Norco, Soma, and Valium. Permanent work restrictions were renewed. The applicant was pending a neurosurgery consultation, it was reported. Little-to-no seeming discussion of medication efficacy transpired. The attending provider state that he was monitoring the applicant periodically but did not identify specific functions or functionality which had been ameliorated as a result of ongoing medication on this date. On May 4, 2015, the applicant again reported ongoing complaints of neck and low back pain. The attending provider maintained that the applicant's medications were generating analgesia and affording preservation of functional capacity but, once again, did not elaborate further. 6/10 pain complaints were reported. The applicant's permanent work r restrictions were renewed. Duragesic, Lunesta, morphine, Norco, Soma, and Valium were all renewed on this date. Once again, it was not explicitly stated whether the applicant was or was not working with permanent limitations in place, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 75 MCG Transdermal Patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for fentanyl, a long-acting opioid, 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 claimant's work status was not clearly reported on office visits of May 4, 2015 and April 6, 2015, suggesting that the claimant was not, in fact, working with permanent limitations in place. While the attending provider stated that the claimant's medications were beneficial, this was not quantified, elaborated, or expounded upon and was, furthermore, seemingly outweighed by the attending provider's failure to outline specific functions or functionality ameliorated as a result of ongoing medication consumption (if any) and the attending provider's failure to clearly outline the applicant's work status. Therefore, the request is not medically necessary.

Morphine ER 30 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management Page(s): 78.

Decision rationale: Similarly, the request for extended-release morphine, a second long-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be prescribed to improve pain and function, here, however, the attending provider failed to outline a clear or compelling rationale for concomitant usage of two separate long-acting opioids, extended-release morphine and fentanyl (Duragesic). Therefore, the request is not medically necessary.

Morphine ER 60 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management Page(s): 78.

Decision rationale: Similarly, the request for extended-release morphine, a second long-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be prescribed to improve pain and function, here, however, the attending provider failed to outline a clear or compelling rationale for concomitant usage of two separate long-acting opioids, extended-release morphine and fentanyl (Duragesic). Therefore, the request is not medically necessary.

Norco 10/325 MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

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 claimant's work status was not clearly reported on office visits of May 4, 2015 or April 6, 2015. It did not appear, however, that the claimant was working with permanent work restrictions in place. While the attending provider stated that the applicant's medications were beneficial, these reports were, however, outweighed by the attending provider's failure to outline the claimant's the work status and/or the attending provider's failure to outline specific functions or functionalities which had been ameliorated as a result of ongoing opioid usage (if any). Therefore, the request is not medically necessary.

Soma 350 MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: The request for Soma (carisoprodol) was not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents.Here, the applicant was, in fact, using a variety of opioid agents, including Norco, Morphine, etc. Adding Soma to the mix was not recommended, particularly for the chronic, long-term role for which it was seemingly espoused here. Therefore, the request is not medically necessary.

Lunesta 3 MG #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).

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: Finally, the request for Lunesta, a sleep aid, was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of Lunesta. However, ODG's Mental Illness and Stress Chapter Eszopiclone topic notes that eszopiclone or Lunesta is not recommended for long-term use but, rather, should be reserved for short-term use purposes. Here, the renewal request for 30 tablets of Lunesta, thus, ran counter to ODG principles and parameters. The attending provider failed to furnish a clear or compelling rationale which would support such usage in the face of the unfavorable ODG position on the same. Therefore, the request is not medically necessary.