

Case Number:	CM15-0170683		
Date Assigned:	09/11/2015	Date of Injury:	12/18/2000
Decision Date:	10/09/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	08/31/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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:

This injured worker is a 62 year old male who reported an industrial injury on 12-18-2000. His diagnoses, and or impression, were noted to include: post-lumbar laminectomy syndrome; lumbar degenerative disc disease; chronic pain; and long-term use of medications with therapeutic drug monitoring. No current imaging or electrodiagnostic studies were noted. A recent toxicology screening was done on 5-12-2015. His treatments were noted to include: surgical intervention (2001); diagnostic studies; lumbar epidural steroid injection therapy (5-5-15) - effective; a Richie brace; a gym membership; medication management with toxicology studies; and being classified as permanent and stationary. The progress notes of 8-18-2015 reported low back pain and right lower extremity pain with weakness, secondary to lumbosacral radiculopathy; and posterior tibial tendon dysfunction in the right foot secondary to altered gait; intermittent swelling in the right calf and ankle; right ankle pain and spasm and pain in the lower leg with walking; and bilateral let pain, right > left. Objective findings were noted to include: no acute distress; decreased right ankle dorsiflexion and plantar flexion; tenderness and swelling in the right ankle, with pain along the posterior tibialis tendon and talonavicular joint; decreased right ankle range-of-motion; right ankle pain; and that Opana was tried but was found to not be helpful. The physician's requests for treatments were noted to include changing Opana to Nucynta IR; and the continuation of Lunesta 3 mg, 1 tablet at bedtime, #30 with 2 refills (noted since Feb., 2015). The Utilization Review of 8-24-2015 non-certified the requests for Nucynta 50 mg #60, and Lunesta 3 mg #30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Tapentadol (Nucynta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Official Disability Guidelines, Nucynta 50mg #60 is not medically necessary. Nucynta is recommended only as a second line therapy for patients who develop intolerable adverse effects with first line opiates. See the guidelines for additional details. In this case, the injured worker's working diagnoses are lumbar; degeneration of lumbar disc; right lower extremity edema; hypertension, rectal urgency and erectile dysfunction. Date of injury is December 18, 2000. Request for authorization is August 19 2015. According to a February 26, 2015 progress note, the treating provider prescribed Lunesta 3 mg, Tramadol and Norco 10/325mg. According to a progress note dated July 21, 2015, the treating provider discontinued Norco (hydrocodone/APAP 10/325 mg and prescribed Opana IR. According to the most recent progress note dated July 18, 2015, the treating provider discontinued Opana IR and restarted hydrocodone/APAP and Nucynta in addition to ongoing tramadol. There is no documentation of intolerable adverse effects of first-line opiates. Additionally, both hydrocodone/APAP and tramadol were requested and approved. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of intolerable adverse effects from first light opiates and no clinical indication a rationale for Nucynta, Nucynta 50mg #60 is not medically necessary.

Lunesta 3mg #30 with 2 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, Pain, Eszopicolone (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Lunesta.

Decision rationale: Pursuant to the Official Disability Guidelines, Eszopicolone (Lunesta) 3 mg #30 with 2 refills is not medically necessary. Lunesta is not recommended for long-term use, but recommended for short-term use. The guidelines recommend limiting hypnotics to three weeks maximum in the first two months of injury only. Pain specialists rarely, if ever, recommend them for long-term use. They can be habit forming and may impair function and memory more than opiate pain relievers. See the guidelines for additional details. In this case, the injured worker's

working diagnoses are lumbar; degeneration of lumbar disc; right lower extremity edema; hypertension, rectal urgency and erectile dysfunction. Date of injury is December 18, 2000. Request for authorization is August 19 2015. According to a February 26, 2015 progress note, the treating provider prescribed Lunesta 3 mg, Tramadol and Norco 10/325mg. According to a progress note dated July 21, 2015, the treating provider discontinued Norco (hydrocodone/APAP 10/325 mg and prescribed Opana IR. According to the most recent progress note dated July 18, 2015, the treating provider discontinued Opana IR and restarted hydrocodone/APAP and Nucynta in addition to ongoing tramadol and Lunesta 3mg. Lunesta is not recommended for long-term use, but recommended for short-term use. Lunesta was prescribed in excess of five months. There is no documentation demonstrating objective functional improvement. There are no compelling clinical facts to support the ongoing use of Lunesta. Additionally, two refills are not clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, continued Lunesta in excess of the recommended guidelines (greater than five months) and no documentation demonstrating objective functional improvement, Eszopicolone (Lunesta) 3 mg #30 with 2 refills is not medically necessary.