MAXIMUS Federal Services

Case Number:	CM15-0171232		
Date Assigned:	09/11/2015	Date of Injury:	07/09/2002
Decision Date:	11/02/2015	UR Denial Date:	08/13/2015
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: 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:

The injured worker is a 60 year old who sustained an industrial injury on 07-09-2002. The injured is being treated for chronic pain syndrome, pain in joint, shoulder region-upper arm, post laminectomy pain syndrome, neck pain, cervical radiculopathy, low back pain, and lumbar-thoracic radiculopathy, spasm of muscle, anxiety, migraine and insomnia. A physician progress note dated 07-29-2015 documents the injured worker complains of pain located in the wrist and cervical region and it has been escalating. It is documented "pain medicine is becoming less effective as of late". Pain is constant and is rated 8 out of 10 with medications on the Visual Analog Scale and 9 out of 10 without medications. On examination, there is cervical spine, paraspinal muscles and facet tenderness present at C5-T1. Lumbar spine range of motion is restricted and painful, with lumbar spine, paraspinal and facet tenderness at L4-S1. Straight leg raise is positive bilaterally with left greater than right. His left shoulder has limited range of motion due to pain, and he has difficulty with internal and external rotation. He has right shoulder worsening pain. He has bilateral wrist braces with difficulties in range of motion due to pain. A physician progress note dated 06-26-2015 the injured worker rated his pain on Visual Analog Scale as 5 out of 10 with medications and 9 out of 10 without medications. The injured worker has been on Fentanyl, Norco and Baclofen since at least 05-01-2015. Lyrica has been tried and discontinued due to sedating effects and MSIR has been discontinued due to side effects of slurred speech, weakness, faintness with episodes of passing out. He now has right shoulder pain, which is worsening. Treatment to date has included diagnostic studies, medications, surgery, epidural steroid injections, facet blocks, physical therapy and use of a Transcutaneous Electrical Nerve Stimulation unit. A urine drug screen was done on 06-26-2015. Current medications include Ambien, Baclofen, diazepam, Fentanyl and Norco. A RFA dated

08-05-2015 requests Fentanyl Patch 50mcg 15-30, Norco 10-325mg 90-30, Lunesta 1mg 60-30, and Baclofen 10mg 90-30. On 08-13-2015, the Utilization Review modified the requested treatment Norco 10/325 mg #90 to Norco 10-325mg #40 for weaning. Lunesta 1mg #60 was non-certified. Fentanyl patch 50 mcg #15 was modified to Fentanyl patch 50mcg #10. Baclofen 10 mg #90 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 50 mcg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of chronic radicular neck and low back pain. Documentation fails to demonstrate adequate improvement in level of function or pain, to support the medical necessity for continued use of opioids. In the absence of significant response to treatment, the request for Fentanyl patch 50 mcg #15 is not medically necessary.

Norco 10/325 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of chronic radicular neck and low back pain. Documentation fails to demonstrate adequate improvement in level of function or pain, to support the medical

necessity for continued use of opioids. In the absence of significant response to treatment, the request for Norco 10/325 mg #90 is not medically necessary.

Lunesta 1mg #60: 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) Pain Chapter, Insomnia treatment, Lunesta (Eszopicolone).

Decision rationale: MTUS does not address this request. Per guidelines, hypnotics are not recommended for long-term use and should be limited to three weeks maximum in the first two months of injury only. Use in the chronic phase is discouraged. While sleeping pills are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The injured worker is diagnosed with chronic pain syndrome and insomnia, also treated with Ambien. Documentation fails to show significant functional improvement and chronic use of medications in this category is not supported by guidelines. The request for Lunesta 1mg #60 is not medically necessary based on ODG.

Baclofen 10 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: MTUS states muscle relaxants should be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Furthermore, in most cases of low back pain, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Documentation fails to indicate significant objective improvement in the injured worker's symptoms with the use of muscle relaxants. The request for Baclofen 10 mg #90 is not medically necessary per MTUS guidelines.