MAXIMUS Federal Services

Case Number:	CM15-0021741		
Date Assigned:	02/11/2015	Date of Injury:	03/23/2001
Decision Date:	06/05/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/05/2015

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: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 45 year old male, who sustained an industrial injury on 3/23/2001. The mechanism of injury was not provided. He reported neck pain. The injured worker was diagnosed as having cervicalgia status post fusion with left sided radiculopathy, extensive myofascial syndrome with occipital and suprascapular neuropathy on the left side, reactive sleep disturbance and depression with intermittent cognitive impairment, status post spinal cord stimulator trial, spinal cords stimulator implantation, and spinal cords stimulator revision. Treatment to date has included medications, urine drug screening, spinal cord stimulator. The request is for Duragesic patches, Dilaudid, Norco, Lyrica, Baclofen, Cymbalta, Bupropion, Nortriptyline, Testim, and Lunesta. The records indicate he has been utilizing Duragesic patches, Dilaudid, Norco, Lyrica, Baclofen, Cymbalta, Bupropion, Nortriptyline, Testim, and Lunesta since at least April 2014. On 12/15/2014, he complained of neck pain rated 6-7/10 on a pain scale, with radiation into the upper extremities. The records indicate he reported spinal cords stimulator surging of the current and the current cutting out. He reported having had 60% relief from epidural steroid injection. The injured worker was noted to undergo drug screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic Patch 100mcg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker was utilizing high doses of opioids. The daily oral morphine equivalents would be 312 which far exceed guideline recommendations for a maximum of 120 mg. The documentation indicated the injured worker was being monitored for aberrant drug behavior. However, there was a lack of documentation indicating the injured worker had objective pain relief and an objective improvement in function. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Duragesic patch 100 mcg #30 is not medically necessary.

Dilaudid 8mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker was utilizing high doses of opioids. The daily oral morphine equivalents would be 312, which far exceed guideline recommendations for a maximum of 120 mg. The documentation indicated the injured worker was being monitored for aberrant drug behavior. However, there was a lack of documentation indicating the injured worker had objective pain relief and an objective improvement in function. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Dilaudid 8 mg #120 is not medically necessary.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker was utilizing high doses of opioids. The daily oral morphine equivalents would be 312, which far exceed guideline recommendations for a maximum of 120 mg. The documentation indicated the injured worker was being monitored for aberrant drug behavior. However, there was a lack of documentation indicating the injured worker had objective pain relief and an objective improvement in function. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 mg #120 is not medically necessary.

Lyrica 225mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The California MTUS Guidelines recommend antiepilepsy medications as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30 % to 50% and objective functional improvement. The clinical documentation submitted for review failed to provide documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Lyrica 225 mg #90 is not medically necessary.

Baclofen 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain, less than 3 weeks and there should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. The objective functional improvement was not provided. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for baclofen 10 mg #90 is not medically necessary.

Testim 1 tube #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids) Page(s): 110.

Decision rationale: The California Medical Treatment Utilization Schedule guideline recommend Testosterone replacement in limited circumstances for injured workers taking high-dose long-term opioids with documented low testosterone levels. The clinical documentation submitted for review failed to provide documentation the injured worker had low testosterone levels. The efficacy for the requested medication was not provided. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Testim 1 tube #30 is not medically necessary.

Lunesta 3mg #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 Pain Chapters.

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, Lunesta.

Decision rationale: The Official Disability Guidelines indicates the use of Lunesta is for the short-term treatment of insomnia, generally 2 to 3 weeks. The clinical documentation submitted for review failed to provide the efficacy for the requested medication. The efficacy for the medication was not noted. This was noted to be a current medication, which exceed the guideline recommendations for up to 3 weeks of treatment maximum. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Lunesta 3 mg #30 is not medically necessary.