

Case Number:	CM15-0037870		
Date Assigned:	03/06/2015	Date of Injury:	12/08/2008
Decision Date:	05/29/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	02/27/2015

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, Arizona
 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 29 year old male, who sustained an industrial injury on 12/8/2008. The mechanism of injury involved a fall. Treatment to date has included medications, lumbar surgery, and epidural steroid injections. The injured worker presented on 02/19/2015 for a follow up evaluation with complaints of significant low back pain. The injured worker had been provided with a prescription for morphine sulfate ER to be taken up to twice daily; however, the injured worker indicated he was unable to obtain medication from the pharmacy. The injured worker had been out of medication for approximately 1 week and suffered an increase in low back pain as well as muscle spasm and was utilizing a cane for ambulation assistance. The pain was made slightly better with medication and with epidural steroid injections. The injured worker had received an approval for an extension of 12 sessions of acupuncture. While on Lunesta and occasional gabapentin, the injured worker noted an ability to have a full night sleep. Upon examination, there was 5/5 motor strength with normal muscle tone and no evidence of edema, tenderness or atrophy. Diagnoses included lumbar disc displacement without myelopathy and lumbar postlaminectomy syndrome. Recommendations included continuation of gabapentin, Relafen, Lunesta, omeprazole, Oxaprozin, and buprenorphine. The injured worker was again issued a prescription for morphine sulfate ER 30 mg. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine 0.25 mg #60 sublingual trowches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26, 27, 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27.

Decision rationale: The California MTUS Guidelines state buprenorphine is recommended for treatment of opiate addiction. It is also recommended as an option for chronic pain in patients who have a history of opiate addiction after detoxification. According to the clinical documentation provided, the injured worker has continuously utilized buprenorphine since at least 10/2014. There is no documentation of objective functional improvement. In addition, there was no evidence of opiate addiction or a previous detoxification requiring specialized medication. Given the above, the request is not medically necessary.

Morphine sulfate extended release 30 mg # (1 tablet every 12 hours for pain): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, there was no documentation of a failure of non-opioid analgesics. In addition, the injured worker has continuously utilized opioid medication. There is no documentation of any recent urine toxicology reports documenting evidence of patient compliance and non-aberrant behavior. There is no documentation of objective functional improvement despite the ongoing use of morphine sulfate ER. A tapering schedule was recommended in 02/2015. The medical necessity for the ongoing use of the above medication has not been established in this case. Therefore, the request is not medically necessary.

Eszopiclone-lunesta 1 mg #90: 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), mental chapter, pain chapter.

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

Decision rationale: The Official Disability Guidelines recommend insomnia treatment based on etiology. Lunesta has demonstrated reduced sleep latency and sleep maintenance. The injured worker has continuously utilized the above medication. Guidelines do not support long term use of hypnotics. In addition, there is no documentation of a failure of nonpharmacologic treatment prior to the request for a prescription product for insomnia. There is also no frequency listed in the request. As such, the request is not medically necessary.

Morphine sulfate extended release 30mg #30 (1 tablet every 12 hours, may increase to every 8 hours if needed for pain): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, there was no documentation of a failure of nonopioid analgesics. In addition, the injured worker has continuously utilized opioid medication. There is no documentation of any recent urine toxicology reports documenting evidence of patient compliance and non-aberrant behavior. There is no documentation of objective functional improvement despite the ongoing use of morphine sulfate ER. A tapering schedule was recommended in 02/2015. The medical necessity for the ongoing use of the above medication has not been established in this case. Therefore, the request is not medically necessary.