

Case Number:	CM14-0004461		
Date Assigned:	02/05/2014	Date of Injury:	02/28/1975
Decision Date:	06/20/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/10/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is an employee of [REDACTED] who has submitted a claim for chronic low back and left leg pain associated with an industrial injury date of February 28, 1975. Treatment to date has included, Epidural injections both LESI (lumbar epidural steroid injection) and TFESI (transforaminal epidural steroid injection), laminectomy in 2010 and physical therapy sessions. Medications taken were oxycontin 20 mg, oxycodone-acetaminophen 10/325mg/tab, Lunesta 3mg/tab, Lyrica 75 mg, Skelaxin 800mg and Lidoderm patch. Medical records from 2013-2014 were reviewed which revealed constant low back and leg pain which bothered him when he is lying in bed at night or up and around, participating in activities. He managed the pain with medications. Pain scale was 7/10 aggravated by sitting, bending, twisting, standing and weather changes. It was relieved by rest, medications and changing positions. He was awoken by pain during the night. Intake of Lunesta 3mg/tab, allowed him to fall asleep, stay asleep and awaken feeling well rested in the morning. Physical examination showed tenderness over the scar at L4-5 and L5-S1. Seated straight leg raise on the left was positive, reproducing discomfort to the lateral calf. Seated straight leg test was negative on the right. SLR (straight leg raise) on the right aggravates pain in the lower back. SLR on the left in 40-50 degrees reproduces discomfort down the lateral thigh. Flexion to 70 degrees aggravates pain in the lumbosacral area. Strength was intact upon testing EHL and heel and toe walk. Deep tendon reflexes were 2/4 in patellae and trace in achilles bilaterally. Utilization review from January 7, 2014 certified the prospective request for 1 prescription of oxycontin 20 mg #60 because examination showed subjectively noted slight better pain relief with increase in his Oxycontin. Prescription of Lunesta 3mg/tab was denied because he has been taking it since March 1, 2013 and guideline stated that it should only be used for short duration. It must be supplemented with behavioral and cognitive therapies. Records did not document any diagnosis

of chronic insomnia, therefore, it was denied. Oxycodone-Acetaminophen 10/325mg/tab #180 has been modified to a certification of 1 prescription of oxycodone-acetaminophen 10/325 mg #60 to mitigate any withdrawal symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUNESTA 3 MG, # 30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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) Pain Chapter, Insomnia Treatment.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter, Insomnia treatment was used instead. ODG states that Lunesta is a first-line medication for insomnia with potential for abuse and dependency. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, patient was first prescribed Lunesta on 7/23/2010. Progress report dated 4/2/13 mentioned that he was taking Lunesta because he has difficulty sleeping which is directly related to the chronic pain. Progress report dated 12/31/13 reported that he has good benefit with the use of Lunesta. It allowed him to fall asleep, stay asleep for at least 4-5 hours and awaken feeling well rested in the morning. The cause of disturbance was mentioned and the sleep hygiene of the patient was discussed. In addition, no abuse with the use of this medication was reported. The request for Lunesta 3 mg, thirty count, is medically necessary and appropriate.

OXYCODONE-ACETAMINOPHEN 10/325 MG, # 180: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: As stated in the Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, patient has been taking oxycodone/acetaminophen 10/325mg/tab since at least 2013. He reported on the progress note dated December 31, 2013 that he had pain relief with this medication together with Oxycontin. He was able to work full-time, run errands, and perform household chores. Decreased pain scale

was also mentioned upon intake of this medication. Guidelines have been met. The request for oxycodone-acetaminophen 10/325 mg, 180 count, is medically necessary and appropriate.