

<b>Case Number:</b>	CM14-0147092		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	08/27/1996
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 a 72 year-old male with date of injury 08/27/1996. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/05/2014, lists subjective complaints as pain in the neck with radicular symptoms. Objective findings: Examination of the cervical spine revealed tenderness to palpation and decreased range of motion. Motor strength to the right and left upper extremities was decreased to 4+/5. Diagnoses: 1. cervical degenerative disc disease 2. Cervical post laminectomy syndrome 3. Cervical facet arthropathy 4. Cervical spinal stenosis 5. Cervicalgia 6. Cervical radiculitis. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as six months. Medications: 1. Oxycodone 30mg, #150 SIG: one tab every 4 hours 2. Duragesic 25mcg/hr Patch, #15 SIG: 1 patch every 48 hours 3. Lunesta 1mg, #30 SIG: one tab at bedtime

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription for Oxycodone 30mg, #150: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

**Decision rationale:** A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of this narcotic. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months.

**1 prescription for Duragesic 25mcg/hr, patch #15: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

**Decision rationale:** According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. The patient has been taking at least 2 different narcotics for at least 6 months with no documentation of functional improvement.

**1 prescription for Lunesta 1mg, #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The Official Disability Guidelines do not recommend the long-term use of any class of sleep aid. The patient has been taking Lunesta longer than the maximum recommended time of 4 weeks per guidelines.

**1 implantable drug-delivery systems (IDDS) trial: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Implantable drug-delivery systems (IDDSs)

**Decision rationale:** According to the Official Disability Guidelines there is insufficient evidence to recommend the use of implantable drug-delivery systems (IDDS) for the treatment of chronic pain. There are no high quality studies on this topic that document that this therapy is safe and effective. Further, significant complications and adverse events have been documented and the data identifies a substantial risk to patients. If an IDDS is to be considered for the treatment of non-malignant (non-cancerous) pain with a duration of greater than 6 months, all of the nine criteria listed in the Official Disability Guidelines must be met and documented by treating providers in the medical record. The patient's medical record fails to meet the criteria needed for consideration of an IDDS trial.