

Case Number:	CM14-0151180		
Date Assigned:	09/19/2014	Date of Injury:	12/15/1989
Decision Date:	10/27/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/16/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 15, 1989. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; anxiolytic medications; sleep aids; unspecified amounts of physical therapy; and earlier lumbar laminectomy surgery. In a Utilization Review Report dated September 3, 2014, the claims administrator partially certified a request for Ativan, partially certified a request for Lunesta, and partially certified a request for OxyContin. The applicant's attorney subsequently appealed. In an August 26, 2014 progress note, the applicant reported persistent complaints of low back pain. It was stated that the applicant continued to be "quite disabled" by his persistent back pain. The applicant had apparently had pain in the T11 region associated with a fractured pedicle screw. The applicant was apparently appealing a previously denied thoracolumbar spine surgery. Bracing was endorsed in the interim. The applicant's work status was reportedly "unchanged." There was no explicit discussion of medication efficacy or medication selection on this date. In an earlier note dated August 27, 2014, the applicant reported persistent complaints of low back pain radiating to the bilateral legs. The applicant reported highly variable pain, averaging 7/10. The applicant stated that his pain was 10/10 at times. The applicant's pain was exacerbated by activities such as lifting, sitting, bending, standing, and/or cold weather. The applicant was depressed, angry, and frustrated, it was noted. The applicant was using a cane and was not getting outside of the house on a daily basis. The applicant's medication list included Oxycontin, morphine, Soma, Ativan, Lyrica, Lunesta, Seroquel, Lexapro, Wellbutrin, Colace, and TriCor. The applicant was described as slightly overweight. Multiple medications were renewed, including OxyContin and morphine sulfate. In an earlier note dated July 29, 2014, the applicant's medication list included OxyContin,

morphine, Soma, Ativan, Lyrica, Lunesta, Seroquel, Lexapro, Wellbutrin, Colace, and TriCor, it was noted. Pain ranging from 7-10/10 was again appreciated. The applicant was not out of the house on a daily basis, it was noted. The applicant reportedly received a variety of medication refills on this date as well, including the Ativan, Lunesta, and OxyContin at issue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan (Lorazepam) 0.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402 does acknowledge that anxiolytics such as Ativan can be employed for "brief periods," in cases of overwhelming symptoms, so as to afford an applicant with the ability to recoup emotional or physical resources, in this case, however, it appears that the applicant is intent on employing Ativan for chronic, long-term, and/or daily-use purposes, for anxiety, depression, and insomnia. This is not an ACOEM-endorsed role for the same. Therefore, the request of Ativan (Lorazepam) 0.5mg is not medically necessary and appropriate.

Lunesta (Eszopidone) 3mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Lunesta Medication Guide.

Decision rationale: While the Food and Drug Administration (FDA) does acknowledge that Lunesta is indicated for the treatment of insomnia, for up to six months in duration, this recommendation is qualified by commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the attending provider has not outlined how (or if) ongoing usage of Lunesta has ameliorated the applicant's various complaints of sleep disturbance and/or insomnia. The attending provider has not outlined how (or if) Lunesta has been beneficial here. Therefore, the request of Lunesta (Eszopidone) 3mg is not medically necessary and appropriate.

Oxycontin 80mg #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is seemingly off of work. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing OxyContin usage. Therefore, the request of Oxycontin 80mg #270 is not medically necessary and appropriate.