

Case Number:	CM14-0166461		
Date Assigned:	10/13/2014	Date of Injury:	08/04/1993
Decision Date:	12/05/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/09/2014

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 60 year-old male with date of injury 08/04/1993. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/17/2014, lists subjective complaints as pain in the neck and low back. Objective findings: Examination of the lumbar spine revealed flexion at 80 degrees, extension at 15 degrees, and lateral bending to the left and right between 50 and 75% of normal. Patient can only do about 50% of a squat with the knees. Diagnosis: 1. Chronic cervical pain 2. Chronic lumbar pain 3. Obesity or weight gain secondary to industrial injury 4. Osteoarthritis in both knees, most likely secondary to weight gain 5. Likelihood of sleep apnea. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as one year. Medications: 1. Lunesta 3mg, #30 SIG: QHS 2. Opana 20mg, #90 SIG: TID 3. Oxycodone 15mg, #450 SIG: QD

IMR ISSUES, DECISIONS AND RATIONALES

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

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 (ODG), Mental Illness & Stress

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. Lunesta 3mg #30 is not medically necessary.

Opana 20mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 74-94.

Decision rationale: Oxymorphone is indicated for the relief of moderate to severe pain and also as a preoperative medication to alleviate apprehension, maintain anesthesia and as an obstetric analgesic. The previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of Opana. 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 Opana, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. Opana 20mg #90 is not medically necessary.

Oxycodone 15mg #450: 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 9792.20-9792.26 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 oxycodone. 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. The patient has been prescribed a rather large quantity of oxycodone, and despite the long-term use of oxycodone, he has reported very little functional improvement over the course of the last year. Oxycodone 15mg #450 is not medically necessary.

6 month gym membership: 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), Knee and Leg (Acute and Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic)

Decision rationale: A private gym membership is not considered to be medical treatment. Exercise at the gym is typically unsupervised and there is no feedback to the treating physician. Neither the MTUS nor the Official Disability Guidelines recommended unmonitored exercise not overseen by a medical professional.

Fluoxetine (20mg, #30): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

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), SSRIs (selective serotonin reuptake inhibitors)

Decision rationale: According to the Official Disability Guidelines SSRIs are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. The patient suffers from chronic pain mostly in the neck and low back. Fluoxetine (20mg, #30) is not medically necessary.