

Case Number:	CM14-0179360		
Date Assigned:	11/03/2014	Date of Injury:	07/06/1995
Decision Date:	12/10/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/28/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 injured worker has a history of a work injury occurring on 07/06/95 when, after buffing a floor, he injured his low back while moving furniture and carrying bags. An MRI in March 2014 had shown multilevel the generative changes with a chronic L3 compression fracture. He was seen by the requesting provider on 04/16/14. He was having ongoing constant low back pain radiating into both legs with 80% low back and 20% leg pain. When taking Oxycontin and Norco pain was decreased from 8/10 down to 6/10. Urine drug screening had been consistent with prescribed medications. He was using a lumbar spine brace and TENS. Lunesta was being prescribed for sleep. Medications are referenced as allowing for activities of daily living and allowing him to work three hours per day as a security officer. He was also taking medications for constipation and heartburn. Cymbalta was being prescribed for depression. Physical examination findings included appearing in moderate discomfort with a slow and antalgic gait. There was lumbar paraspinal and gluteal muscle tenderness. He had decreased lumbar spine flexion. There was left lower extremity weakness. Oxycontin 10 mg #90, Norco 10/325 mg #120, Neurontin 900 mg, Cymbalta, Lunesta 3 mg #30, Zanaflex, Lidoderm, Senokot, and Prilosec were refilled. He was to continue a home exercise program. Authorization for physical therapy was requested and on 09/30/14 participated in three sessions. With medications pain is referenced as decreasing from 10/10 to 4-5/10. He was continuing to take Lunesta. Physical examination findings now also included positive straight leg raising bilaterally. Medications were refilled and authorization for additional physical therapy was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 10mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints; Opioids, criteria for use; Opioids, dosing, Page(s): 8, 76-80, 86.

Decision rationale: The injured worker is status post work-related injury and continues to be treated for low back pain radiating into both legs. Medications include Oxycontin and Norco at a total MED (morphine equivalent dose) of 85 mg per day. The injured worker continues to work part time. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Oxycontin is a long acting opioid used for the treatment of baseline pain. In this case, it is being prescribed as part of the injured worker's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the injured worker's behaviors, or by physical examination. The total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Oxycontin is medically necessary.

Lunesta 3mg QHS #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), Mental Illness & Stress, Insomnia; Mental Illness & Stress, Insomnia Treatment

Decision rationale: The injured worker is status post work-related injury and continues to be treated for low back pain radiating into both legs. Lunesta is being prescribed on a long-term basis. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the injured worker's sleep disorder is not provided. There is no assessment of factors such as sleep onset, maintenance, quality, or next-day functioning. Whether the injured worker has primary or secondary insomnia has not been determined. Therefore, based on the information provided, this request is not medically necessary.

