

<b>Case Number:</b>	CM14-0033800		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/31/1998
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 54 year-old female with date of injury 03/31/1998. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/11/2014, lists subjective complaints as pain in the low back and lower extremity. Objective findings: Examination of the lumbar spine revealed diffuse tenderness of the paraspinal muscles, bilateral greater trochanter, and sciatic notch. Spasms were noted over the L5-S1 musculature. Range of motion was restricted in forward flexion and extension. Lying straight leg raising test was positive bilaterally. Decreased strength of 4+/5 to the right and left extensor hallucis longus. Mild decreased sensation to the bilateral lateral thighs. Diagnosis: 1. Lumbar Discogenic spine pain 2. Hip pain 3. Myofascial pain syndrome 4. Failed back surgery syndrome 5. Lumbar radiculopathy 6. Degenerative disc disease lumbar 7. Disorder, rotator cuff 8. Anxiety 9. Obesity 10. Chronic pain 11. Lumbar facet arthropathy 12. Shoulder pain, chronic. Previous reviewer modified medication request to a) Oxycodone HCL 10 mg, #75 b) MS Contin 30 mg, #45 c) Lunesta 2 mg, #20. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as three months. Medication: 1. Oxycodone HCL 10 mg, #120 SIG: 1 po q 4-6 hours 2. MS Contin 30 mg, #90 SIG: 1 po q 8 hours 3. Lunesta 2 mg, #30 SIG: 1 po qhs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone HCL 10 mg #120:** Upheld

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

**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 oxycodone to be weaned slowly off of the 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 oxycodone, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 3 months while taking oxycodone. Oxycodone HCL 10 mg #120 is not medically necessary.

**MS Contin 30 mg #90:** Upheld

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

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

**Decision rationale:** As with Oxycodone above, the previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of MS Contin. 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 3 months while taking MS Contin. MS Contin 30 mg #90 is not medically necessary.

**Lunesta 2 mg #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/ Pain Chapter: Insomnia Treatment

**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 for at least 3 months, longer than the maximum recommended time of 4 weeks. Lunesta 2 mg #30 is not medically necessary.