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| <b>Case Number:</b>   | CM14-0034331 |                              |            |
| <b>Date Assigned:</b> | 06/20/2014   | <b>Date of Injury:</b>       | 04/11/2007 |
| <b>Decision Date:</b> | 07/28/2014   | <b>UR Denial Date:</b>       | 02/21/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/19/2014 |

### 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, and is licensed to practice in California and Washington. 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 is a 52-year-old who reported an injury on April 11, 2007 due to an unknown mechanism. The injured worker had complaints of neck pain. Physical examination on October 21, 2013 revealed nothing abnormal. Diagnostic studies were not submitted. Physical therapy, physical medicine, or acupuncture sessions were not submitted. Current medications were nortriptyline 10mg one daily, omeprazole 40mg one daily. Diagnosis was cervical disc disease. Reports from pain management were not submitted. The rationale and request for authorization were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone Hcl/APAP 10/325 145 count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** The document submitted for review lacks information such as diagnostic studies, a thorough physical examination, medications tried and failed, physical medicine reports. The California Medical Treatment Utilization Schedule states on-going review and

documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The use of drug screening should be monitored. Monitoring of the injured workers chronic pain and functional status was lacking in the document submitted. There was no rationale for the use of oxycodone. Therefore, the request for Oxycodone HCL/APAP 10/325mg, 145 count, is not medically necessary or appropriate.

**MS Contin 30mg sixty count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** The document submitted for review lacks information such as diagnostic studies, a thorough physical examination, medications tried and failed, physical medicine reports. The California Medical Treatment Utilization Schedule states on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The use of drug screening should be monitored. Monitoring of the injured workers chronic pain and functional status was lacking in the document submitted. Therefore, the request for MS Contin 30mg two times a day, sixty count, is not medically necessary or appropriate.

**MS Contin 15mg sixty count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** The document submitted for review lacks information such as diagnostic studies, a thorough physical examination, medications tried and failed, physical medicine reports. The California Medical Treatment Utilization Schedule states on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The use of drug

screening should be monitored. Monitoring of the injured workers chronic pain and functional status was lacking in the document submitted. Therefore, the request for MS Contin 15mg two times a day, sixty count, is not medically necessary or appropriate.

**Lunesta 3mg:** 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, Eszopicolone.

**Decision rationale:** The document submitted for review is lacking information. The physical examination on October 21, 2013 was sparse in information. The injured worker was complaining of neck pain. There were no reports from diagnostic studies, physical therapy sessions, visits of other doctors participating in the injured workers care. The request is asking for Lunesta which is used mostly for insomnia. It is considered a hypnotic. Official Disability Guidelines do not recommend for long term use, only recommended for short term use. They can be habit forming, and they may impair function and memory more than opioid pain relievers. The document submitted for review lacks information. The request for Lunesta 3mg is not medically necessary or appropriate.