

Case Number:	CM14-0042525		
Date Assigned:	06/30/2014	Date of Injury:	03/31/1998
Decision Date:	12/18/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/09/2014

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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:

progress report provided by treating physician, the patient complains of low back and bilateral lower extremity pain rated 7-9/10, which interferes with her sleep. Physical examination revealed tenderness to palpation to L5-S1, sciatic notch and the bilateral greater trochanters. Positive Straight leg raise test. Patient is attending physical therapy and continuing with home exercise program. Patient's medications include Lunesta, MS Contin, Oxycodone HCl, Clonazepam and Ibuprofen, which were prescribed in progress reports dated 10/08/13 and 03/18/14. Urine toxicology screen reports dated 03/21/14, 03/29/14, 12/17/14, 09/10/13, and 09/18/13 were provided. Patient is permanent and stationary. Diagnosis 03/18/14- lumbar discogenic spine pain- hip pain- myofascial pain syndrome- failed back surgery syndrome- lumbar radiculopathy- degenerated disc disease, lumbar- disorder, rotator cuff NEC- anxiety disorder- obesity- chronic pain - lumbar facet arthropathy- shoulder pain, chronic. The utilization review determination being challenged is dated 03/26/14. Treatment reports were provided from 09/10/13 - 03/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 88, 89, 78.

Decision rationale: The patient presents with low back and bilateral lower extremity pain rated 7-9/10, which interferes with her sleep. The request is for Oxycodone HCL 10mg #120. The patient's diagnosis dated 03/18/14 included failed back syndrome, myofascial pain syndrome, lumbar discogenic spine pain and rotator cuff disorder. Patient's medications include Lunesta, MS Contin, Oxycodone HCl, Clonazepam and Ibuprofen, which were prescribed in progress reports dated 10/08/13 and 03/18/14. Urine toxicology screen reports dated 03/21/14, 03/29/14, 12/17/14, 09/10/13, and 09/18/13 were provided. Patient is permanent and stationary. MTUS Guidelines pages 88-89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has not stated how Oxycodone HCl reduces pain and significantly improves patient's activities of daily living; the four A's are not specifically addressed including discussions regarding adverse effects, and specific ADL's, etc. Given the lack of documentation as required by MTUS, the request is not medically necessary and appropriate.

MS Contin 30mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 88, 89, 78.

Decision rationale: The patient presents with low back and bilateral lower extremity pain rated 7-9/10, which interferes with her sleep. The request is for MS CONTIN 30MG #90. The patient's diagnosis dated 03/18/14 included failed back syndrome, myofascial pain syndrome, lumbar discogenic spine pain and rotator cuff disorder. Patient's medications include Lunesta, MS Contin, Oxycodone HCl, Clonazepam and Ibuprofen, which were prescribed in progress reports dated 10/08/13 and 03/18/14. Urine toxicology screen reports dated 03/21/14, 03/29/14, 12/17/14, 09/10/13, and 09/18/13 were provided. Patient is permanent and stationary. MTUS Guidelines pages 88-89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, treating physician has not stated how MS Contin reduces pain and significantly improves patient's activities of daily living; the four A's are not specifically addressed including discussions regarding adverse effects, and specific ADL's, etc. Given the

lack of documentation as required by MTUS, the request is not medically necessary and appropriate.

Lunesta 2mg #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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress Chapter states: Eszopicolone Lunesta, See Insomnia treatment, See also the Pain Chapter

Decision rationale: The patient presents with low back and bilateral lower extremity pain rated 7-9/10, which interferes with her sleep. The request is for LUNESTA 2MG #30. Patient's medications include Lunesta, MS Contin, Oxycodone HCl, Clonazepam and Ibuprofen, which were prescribed in progress reports dated 10/08/13 and 03/18/14. Urine toxicology screen reports dated 03/21/14, 03/29/14, 12/17/14, 09/10/13, and 09/18/13 were provided. Patient is permanent and stationary. ODG-TWC, Mental & Stress Chapter states: "Eszopicolone (Lunesta): Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase... The FDA has lowered the recommended starting dose of eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women." ODG recommends short-term use of up to 3 weeks. Lunesta has been prescribed since progress report dated 10/08/13, which is more than 5 months from the UR letter dated 03/26/14. The request is not medically necessary and appropriate.