

Case Number:	CM14-0048112		
Date Assigned:	07/07/2014	Date of Injury:	11/08/1998
Decision Date:	08/06/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/16/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 61-year-old male with an 11/8/98 date of injury. At the time (3/24/14) of the request for authorization for Oxycontin #120, Oxycodone #240, and Lunesta #30, there is documentation of subjective (moderate-severe back pain and insomnia) and objective (increased anxiety, tenderness, thoracic mobility is decreased, mobility is decreased, cervical spine tenderness, moderate pain with motion, moderately reduced range of motion) findings, current diagnoses (degenerative disc disease lumbar, COAT, and spondylosis lumbar without myelopathy), and treatment to date (medication including ongoing use of Oxycontin, Oxycodone, and Lunesta which allow him to do activities of daily living). Regarding Oxycontin #120 and Oxycodone #240, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of functional status, appropriate medication use, and side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.odg-twc.com/odgtwc/pain.htm#Weaningopioids>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS
Page(s): 74-80.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of degenerative disc disease lumbar, COAT, and spondylosis lumbar without myelopathy. In addition, there is documentation of ongoing use of Oxycontin and functional benefit with use of Oxycontin. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Oxycontin #120 is not medically necessary.

Oxycodone #240: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.odg-twc.com/odgtwc/pain.htm#Weaningopioids>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS
Page(s): 74-80.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of degenerative disc disease lumbar, COAT, and spondylosis lumbar without myelopathy. In addition, there is documentation of ongoing use of Oxycodone and functional benefit with use of Oxycodone. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Oxycodone #240 is not medically necessary.

Lunesta #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ([http://www.odgtwc.com/odgtwc/pain.htm#Zolpidem Insomnia Treatment](http://www.odgtwc.com/odgtwc/pain.htm#Zolpidem%20Insomnia%20Treatment)), Non-Benzodiazepine Sedative-hypnotics(benzodiazepine-receptor agonists).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomina treatment.

Decision rationale: The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG states non-benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists) are first-line medications for insomnia, which includes eszopicolone (Lunesta). In addition, Official Disability Guidelines identifies that Lunesta is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. Within the medical information available for review, there is documentation of diagnoses of degenerative disc disease lumbar, COAT, and spondylosis lumbar without myelopathy. In addition, there is documentation of insomnia, ongoing use of Lunesta, and functional benefit with use of Lunesta. Therefore, based on guidelines and a review of the evidence, the request for Lunesta #30 is medically necessary.