

<b>Case Number:</b>	CM14-0098235		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	04/15/2004
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Medicine and is licensed to practice in Texas. 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 39 year old male with an injury date of 04/15/04. The exact mechanism of injury is not described by the records. The submitted records indicate that the injured worker was seen on 01/23/14, and his current medications included Wellbutrin and another unstated medication due to poor copy quality. It was noted that he was continued on Wellbutrin and Buspar at that time. On 03/05/14, the injured worker returned to clinic, and his pain was rated at 4/10 at that time. The handwritten note indicates that he had a bad day at that time but had no major changes in his symptoms. He had ongoing headaches and dizziness. On 06/04/14, the injured worker returned to clinic, and it was stated that he was doing ok at that time and was using Lidoderm for flare up of his pain. His pain was rated at 5/10 at that time. A previous utilization stated that the request for Lunesta was not indicated at that time as there was no indication of an extenuating clinical circumstances supporting the need for that request. The same review stated that Oxycontin was not medically necessary and also stated that Nucynta was not medically necessary and a prolonged narcotic and nonsteroidal anti-inflammatory was not indicated. The request has been made for Lunesta tab 3mg for 30 days, Oxycontin 20mg tablet quantity of 60, and Nucynta 75mg tablet quantity of 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta Tab 3 mg Day Supply: 30 Qty: 30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES; PAIN

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia treatment

**Decision rationale:** The submitted records failed to identify a rationale for this medication. The records do not describe a significant issue with sleep and do not describe an evaluation for this injured worker's complaints of sleep disturbance. The records do not describe overall efficacy of this medication as it had apparently been prescribed previously. Therefore, this request is not indicated as medically necessary.

**Oxycontin Tab 20 mg Day Supply: 30 Qty: 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid medications Page(s): 78,92.

**Decision rationale:** The submitted records indicate the injured worker has pain rated at 4/10 at last clinical note. The records do not include urine drug screens to document lack of abhorrent drug taking behavior, and the records do not indicate failure of lesser medications. This medication, per guidelines, is for moderate-severe pain, when prn pain relief is insufficient, and this has not been documented by the records. Therefore, this request is not indicated as medically necessary at this time.

**Nucynta Tab 75 mg Day Supply: 30 Qty: 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES; PAIN

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78,92.

**Decision rationale:** The records indicate that this medication has been prescribed previously, but did not demonstrate overall efficacy of this medication over time. The records do not indicate drug screens to identify lack of abhorrent drug taking behavior and the most recent clinical note does not provide a significant rationale for continuation of this medication. As guidelines advocate adherence to the 4 A's of opioid management and the records do not document the 4 A's, this request is not medically necessary.