

Case Number:	CM14-0186611		
Date Assigned:	11/14/2014	Date of Injury:	12/08/2008
Decision Date:	01/05/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/10/2014

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, 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:

The patient is a 28 year old male with an injury date of 12/08/08. Based on the 10/07/14 progress report, the patient complains of low back pain with radiation to the lower extremities, mid back, and his neck. The pain is constant and he can only walk a limited distance or use an assistive device. His sleep is completely disturbed 5 to 7 hours nightly since the injury. His pain interferes with his ability to concentrate and think some of the time. He has mild depression. Palpation of the lumbar paraspinal muscles was tender primarily on the left. The 10/21/14 report indicates that the patient has asthma, a history of headaches, and a pulmonary condition. The patient's diagnoses include the following: 1. Lumbar disc displacement without myelopathy. 2. Syndrome post-laminectomy lum. The utilization review determination being challenged is dated 10/29/14. Treatment reports are provided from 04/16/14- 11/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine 0.1 mg SL #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

Decision rationale: According to the 10/07/14 report, the patient presents with low back pain with radiation to the lower extremities, mid back, and his neck. The request is for Buprenorphine 0.1 mg SL #120 for pain. The patient is currently taking Buprenorphine, Gabapentin, Nabumetone, Omeprazole, Lunesta, and Oxaprozin. The 10/21/14 report states that "buprenorphine does help slightly to decrease his pain. Buprenorphine will decrease his pain by approximately 25% VAS scale." MTUS Guidelines recommend Buprenorphine "for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction." Review of the reports does not show obvious indication that the patient has or had an opiate addiction. However, it is quite possible given the date of injury dating back to 2008. This is not a medication that is typically abused and the treater indicates that there is pain reduction. On-going use of this medication would appear reasonable given the patient's chronic pain condition. The request is medically necessary.

Lunesta 1 mg #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 18th Edition (web) 2013 Treatment in Workers Compensation, Pain - 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) Lunesta, Insomnia, Pain

Decision rationale: According to the 10/07/14 report, the patient presents with sleep disturbance as well as low back pain with radiation to the lower extremities, mid back, and neck. The request is for Lunesta 1 mg #30 for intermittent insomnia. The 10/21/14 report states that the patient "used Lunesta in the past, which helped him both fall asleep and stay asleep, he did not experience side effects with the use of that medication." ACOEM, ODG guidelines state "Eszopicolone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. The only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. A randomized, double blind, controlled clinical trial with 830 primary insomnia patients reported significant improvement in the treatment group when compared to the control group for sleep latency, wake after sleep onset, and total sleep time over a 6-month period." Given the current accepted safety of the medication, the request is medically necessary.