

Case Number:	CM14-0199317		
Date Assigned:	12/09/2014	Date of Injury:	03/03/1997
Decision Date:	01/26/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/29/2014

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 Family Practice 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:

This is a 57 year old male patient who sustained a work related injury on 2/12/2009 where the patient sustained the injury due to continuous trauma. The current diagnoses include degenerative changes at L3-4 and degree at L5-S1 and L4-5, congenital narrowing of the spinal canal, s/p anterior cervical disc/fusion on 6/28/13, s/p 10/4/13 C5-6 post decompression/fusion. Per the doctor's note dated 10/29/14, patient has complaints of low back pain at 5/10 that radiates in the left leg. A physical examination revealed normal gait, tenderness on palpation and positive SLR. The current medication lists include Metformin, Gabapentin and Vicodin. The patient has had an MRI of the low back that revealed degenerative changes at L3-4 and degree at L5-S1 and L4-5, disc herniation and narrowing of the spinal canal. An MRI of the left shoulder in December of 2008 revealed a large full thickness tear of the supraspinatus; an MRI of the left knee revealed a torn medial meniscus. The patient's surgical history include anterior cervical disc/fusion in 6/28/13 and C5-6 post decompression/fusion on 10/4/13; consisting of arthroscopy, decompression and acromioplasty, bursectomies, synovectomy/chondroplasty/debridement, Mumford procedure and rotator cuff repair in February of 2009; left knee arthroscopic surgery with partial medial meniscectomy in November of 2003; left ring finger repair, and an appendectomy. The patient has received an unspecified number of the PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 1mg quantity 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 (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 12/31/14), Mental Chapter, Mental Illness & Stress (updated 10/23/14), Eszopiclone (Lunesta).

Decision rationale: Lunesta (Eszopiclone) is a nonbenzodiazepine hypnotic agent is a sedative and is used to treat insomnia that is a pyrrolopyrazine derivative of the cyclopyrrolone class. The California MTUS/ACOEM Guidelines do not address this medication; therefore, the ODG was utilized. According to the cited guideline, "Not recommended for long-term use, but recommended for short-term use." A detailed history of anxiety or insomnia was not specified in the records provided. Any trial of other measures for treatment of insomnia is not specified in the records provided. Per the records provided, the date of injury is approximately 9 years ago. A detailed evaluation by a psychiatrist for stress related conditions is not specified in the records provided. As per cited guideline, "They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Previously recommended doses can cause impairment to driving skills, memory, and coordination as long as 11 hours after the drug is taken." Per the cited guideline use of this medication can be habit-forming, and it may impair function and memory more than opioid pain relievers. The medical necessity of the request for Lunesta 1mg quantity 30 is not fully established in this patient.

Desoxyn 5mg quantity 100: 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 Opioids, criteria for use; CRITERIA FOR USE OF OPIOIDS; Therapeutic Trial of Opioids.

Decision rationale: Oxycontin 40mg quantity 270 is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function; continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid

means of pain control is not documented in the records provided. As recommended by the MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. The MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Oxycontin 40mg quantity 270 is not established for this patient.

Oxycontin 40mg quantity 270:

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Criteria for Use of Opioids; Therapeutic Trial of Opioids Page(s): 76.

Decision rationale: Oxycontin 40mg quantity 270 is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. The MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Oxycontin 40mg quantity 270 is not established for this patient.

Gabapentin 600mg quantity 600: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

Decision rationale: According to the CA MTUS Chronic pain guidelines regarding Neurontin/Gabapentin, "has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for

neuropathic pain. Spinal cord injury: Recommended as a trial for chronic neuropathic pain-lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit... This medication appears to be effective in reducing abnormal hypersensitivity (allodynia and hyperalgesia), to have anti-anxiety effects, and may be beneficial as a sleep aid." The current diagnoses include low back pain, lumbar radiculopathy, chronic pain syndrome and s/p L5-S1 fusion. Per the doctor's note dated 10/28/14, patient has complaints of low back pain that radiates in left leg at 7/10. Physical examination revealed limited range of motion, tenderness on palpation, 4/5 strength and positive SLR. The patient's surgical history include an L5-S1 fusion with interbody cages, pedicle screw Instrumentation and iliac crest bone graft on 01/26/2000. The patient has chronic pain with a neuropathic component. The patient has abnormal objective findings that are consistent with the patient symptoms. Anticonvulsants or anti-epileptics like Gabapentin / Neurontin are medically appropriate and necessary in this patient. The cited guidelines support the use of Gabapentin 600mg quantity 600 in patients with this clinical situation therefore the request is deemed medically necessary.

Norco 10/325mg quantity 150: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Criteria for Use of Opioids; Therapeutic Trial of Opioids Page(s):.

Decision rationale: Norco contains Hydrocodone with APAP which is an opioid analgesic in combination with acetaminophen. According to the CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function; continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs."The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. The MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is

deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic.
The medical necessity of Norco 10/325mg quantity 150 is not established for this patient.