

<b>Case Number:</b>	CM14-0218485		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	08/04/1993
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### 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 60 year old male who sustained an industrial injury on 08/04/93. Initial complaints and diagnoses are not available. Treatments to date include mediations. Diagnostic studies are not addressed. Current complaints include neck, upper extremity, and lower back pain. The injured worker indicated his pain level was rated at an 8/10 to a 2/10 with medications. It was also noted that Dilaudid did not work and Norco did not produce enough pain relief. In a progress note dated 12/10/104 the treating provider reports the plan of care as continued medication, including Opana, Oxycodone, Qsymia, Valium, Lunesta, Ibuprofen, Omeprazole, and promethazine. The requested treatments are Lunesta, Valium, Promethazine, Opana, and Omeprazole. A rationale was not provided. A Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Lunesta 3mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental Illness, Eszopicolone (Lunesta).

**Decision rationale:** According to the Official Disability Guidelines, eszopicolone (Lunesta), is not recommended for long term use, but recommended for short term use. They also 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 injured worker was noted to have utilized Lunesta for an unspecified duration of time. However, there was a lack of documentation in regard to objective functional improvement from medication. Furthermore, there was a lack of documentation in regard to a clear rationale for the medical necessity of long term use as the guidelines do not recommend nor support the long term use of Lunesta beyond 2 months maximum. Based on the above, the request is not supported by the evidence based guidelines. The request as submitted failed to specify a frequency. As such, the request is not medically necessary or appropriate at this time.

**60 Valium 10mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** According to the California MTUS Guidelines, benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is a risk of dependence. Furthermore, most guidelines limit use to 4 weeks. The injured worker was noted to have utilized Valium for an unspecified duration of time. However, there was a lack of documentation indicating the medical necessity for the use of benzodiazepines as they are not recommended or supported for long term use due to unproven efficacy and the risk of leading to dependence. Furthermore, there was a lack of documentation indicating the medical necessity for use over 4 weeks. More specifically, the request submitted failed to specify a frequency. As such, the request is not supported by the evidence based guidelines and is not medically necessary or appropriate at this time.

**30 Promethazine 25mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

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

**Decision rationale:** According to the Official Disability Guidelines, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. They are recommended as sedatives and antiemetics in preoperative and postoperative situations. The injured worker was noted to have utilized promethazine for an unspecified duration of time. However, there was a lack of documentation indicating nausea or vomiting other than from methadone, which is no longer a current medication. Furthermore, there was a lack of documentation for the indication of a sedative in preoperative or postoperative medications. Based on the above, the request is not supported. Furthermore, the request as submitted failed to specify a frequency. As such, the request is not medically necessary or appropriate at this time.

**180 Opana 40mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** According to the California MTUS Guidelines, ongoing monitoring of chronic pain patients on opioids should include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. The injured worker was noted to have utilized Opana 40 mg for an unspecified duration of time. However, there was a lack of documentation in regard to objective functional improvement, and objective decrease in pain, or evidence of monitoring for side effects or aberrant drug related behaviors. Furthermore, the request as submitted failed to specify a frequency. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary or appropriate at this time.

**90 Opana 20mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** According to the California MTUS Guidelines, ongoing monitoring of chronic pain patients on opioids should include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. The injured worker was noted to have utilized Opana 20 mg for an unspecified duration of time. However, there was a lack of documentation in regard to objective functional improvement, and objective decrease in pain, or evidence of monitoring for side effects or aberrant drug related behaviors. Furthermore, the request as submitted failed to specify a frequency. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary or appropriate at this time.

**450 Oxycodone 15mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** According to the California MTUS Guidelines, ongoing monitoring of chronic pain patients on opioids should include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. The injured worker was noted to have utilized oxycodone 15 mg for an unspecified duration of time. However, there was a lack of documentation in regard to objective functional improvement, and objective decrease in pain, or evidence of monitoring for side effects or aberrant drug related behaviors. Furthermore, the request as submitted failed to specify a frequency. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary or appropriate at this time.