

Case Number:	CM15-0107939		
Date Assigned:	06/12/2015	Date of Injury:	02/02/1976
Decision Date:	07/14/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/04/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This 68-year-old male sustained an industrial injury on 2/2/76. He subsequently reported back pain. Diagnoses include lumbar postlaminectomy syndrome, internal derangement of bilateral hips and cervicalgia. Treatments to date include x-ray and MRI testing, surgery, physical therapy and prescription pain medications. The injured worker continues to complain low back pain. Upon examination, Reflexes are plus 1 and equal at the patellar and Achilles region. Straight leg raise causes buttock and posterior thigh pain on the left. A request for Lunesta and Vicodin medications was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3 MG #30 with 2 Refills: 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), 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) Mental illness and stress- Eszopicolone (Lunesta).

Decision rationale: Lunesta 3 MG #30 with 2 Refills is not medically necessary per the ODG. The MTUS does not address this request. The ODG states that Lunesta is not recommended for long-term use, but recommended for short-term use. The ODG recommends limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. The documentation does not reveal extenuating circumstances which would necessitate using this medication long term therefore the request for Lunesta with 2 refills is not medically necessary.

Vicodin 7.5-300 MG #150: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80. Decision based on Non-MTUS Citation <http://www.vicodin.com/hcp/about-vicodin>.

Decision rationale: Vicodin 7.5-300 MG #150 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal all of the above pain assessment points or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). There are no objective urine toxicology or confirmatory UDS available for review. There is documentation from Feb. 2015 that the patient required "brand name Vicodin" as he stated the generic caused inability to control his pain so he had to double the dose which could cause him hepatotoxicity. The most recent documentation of May 2015 states that the patient was in obvious pain and had not slept for weeks. The documentation also indicate that in May 2015 the patient requested that the physician rewrite his Lunesta and Vicodin scripts as the pharmacy could not process them. The documentation does not indicate that this was verified with the pharmacy. The documentation does not reveal a pain contract for opioids although the provider states that this was signed 5/11/15. The provider states that the patient was not self escalating his dose, however the documentation from Feb. 2015 revealed that the patient doubled his dose. The documentation reveals that the patient has been on long term opioids without significant evidence of an increase in function and the patient continues to have persistent pain. For all of these reasons the request for Vicodin is not medically necessary.

