

Case Number:	CM15-0010164		
Date Assigned:	01/27/2015	Date of Injury:	01/22/1998
Decision Date:	03/16/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/16/2015

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: Internal Medicine, Rheumatology

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 female patient, who sustained an industrial injury on 01/22/1998. A primary treating office visit dated 12/04/2014 reported the patient with subjective complaint of headache, left leg and hip pain and bilateral cramping to hands. Objective findings showed a profound antalgic gait, lessend pain around the patella, low back pain limited extension and flexion, and left shoulder positive rotator cuff signs. She is prescribed the followin; Topamax, Oxycontin 80 MG, Lunesta, Trazadone, Percocet 10/325, Nasonex, Cymbalta and Lisxinopril. She is diagnosed with status post left scapular fracture, brachial plexius injury left, status post shoulder dislocation, sleep disturbance, dysphoria, chronic lumbar strain and left sided knee injury rule out internal derangement. On 12/29/2014 Utilization Reveiw non-certified a request for medications Oxycontin 80, percocet 10/325 and Lunesta, noting the CA MTUS Chronic Pain, Norco, Opiods and Official Disability Guidelines Lunesta were cited. the injured worker submitted an application for independent medical review of services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 92,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This female patient has complained of left leg and hip pain, left shoulder pain and lower back pain since date of injury 1/22/98. She has been treated with physical therapy and medications to include opioids since at least 07/2014. The current request is for Oxycontin. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Oxycontin is not indicated as medically necessary.

Lunesta 3mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness & Stress (updated 1/21/14) Eszopicolone (Lunesta)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/lunesta

Decision rationale: This female patient has complained of left leg and hip pain, left shoulder pain and lower back pain since date of injury 1/22/98. She has been treated with physical therapy and medications to include Lunesta since at least 07/2014. The current request is for Lunesta. Lunesta is indicated for the treatment of insomnia. There is insufficient evidence in the available medical records documenting insomnia as a medical problem. There is also a lack of documentation regarding the efficacy of this medication thus far. On the basis of this lack of documentation, Lunesta is not indicated as medically necessary.

Percocet 10/325mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 92, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This female patient has complained of left leg and hip pain, left shoulder pain and lower back pain since date of injury 1/22/98. She has been treated with physical therapy and medications to include opioids since at least 07/2014. The current request is for Percocet. No treating physician reports adequately assess the patient with respect to function, specific benefit,

return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Percocet is not indicated as medically necessary.