

Case Number:	CM15-0134739		
Date Assigned:	07/23/2015	Date of Injury:	08/08/2008
Decision Date:	09/28/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/13/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47 year old female, who sustained an industrial injury on 8-8-08. Initial complaints were not reviewed. The injured worker was diagnosed as having spasm of muscle; lumbago; sympathetic dystrophy low limb; post laminectomy syndrome lumbar region; degeneration of lumbar and lumbosacral intervertebral disc; thoracic and lumbosacral neuritis and radiculitis; unspecified myalgia and myositis; reflex sympathetic dystrophy lower limb. Treatment to date has included status post L4-L5 and L5-S1 interbody and transforaminal fusion; physical therapy; medications. Diagnostics studies included MRI lumbar spine (9-15-12); CT scan lumbar spine (10-23-12); EMG-NCV lower extremities study (12-13-12). Currently, the PR-2 notes dated 4-8-15 indicated the injured worker returns for a follow-up and re-evaluation since his last visit on 3-11-15. She reports increased spasms in the groin area and left leg. This started a few days ago and continues to increase. She continues to have low back pain and it radiates up the spine. She is off methadone as of Monday night and is experiencing mood swings, increased pain and ambulating with a cane. Sleep is reported as poor due to increased muscle spasms and reporting nausea and loss of appetite. Her prescription was lost for a day last month and is hoping an "IT trial" can be done in place of the L2-3 "TFE" that was authorized. On physical examination, the provider documents she is having continued complaints of low back pain with severe left leg pain that is neuropathic in symptoms. The left foot is cold and hot with spasm. She ambulates with a single point cane and there is tenderness and spasming of the paralumbar muscles. Her gait is quite antalgic. Her urine drug screening has been consistent from report on 1-14-15. The treatment plan includes consideration of a spinal cord stimulator trial

versus "IT therapy". She continues with symptoms from levels above her fusion. The office is willing to schedule a psych evaluation but she refuses to go at this time. She will see a spine surgeon for possible new revision it indicates with new CT myelogram. The will request authorization for "IT trial". The provider is requesting authorization of Fentanyl patches 75mcg #15; Oxycodone 20mg #90 and Lunesta 3mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patches 75mcg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Fentanyl transdermal Page(s): 93, 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria For Use Of Opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The 47 year old patient complains of lower back pain, rated at 6/10, radiating to the left lower extremity and increasing left knee pain, as per progress report dated 06/09/15. The request is for Fentanyl patches 75mcg #15. The RFA for this case is dated 06/09/15, and the patient's date of injury is 08/08/08. Diagnoses, as per progress report dated 06/09/15, included postoperative constipation, posterior L4-5 and anterior L5-S1 pseudoarthrosis, bursitis, chronic intractable pain, left knee internal derangement, L4-5 and L5-S1 disc degeneration, L4-S1 stenosis, L5 left leg radiculopathy, and intermittent left L3 radiculopathy. The patient is status post L4-S1 PLIF on 03/28/11, and status post removal of instrumentation, left L5 and S1 foraminotomy, and osteotomy fusion on L5. Current medications included Fentanyl patch, Lunesta, Oxycodone, Methadone and Tizanidine. The reports do not document the patient's work status. MTUS Guidelines pages 88 and 89, section Opioids, long-term assessment states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." In this case, a prescription for Fentanyl patch is first noted in progress report dated 11/19/14, and the patient is using it consistently since then. It is not clear when this medication was first prescribed. In progress report dated 06/04/15, the treater states pain medications are giving the patient "some meaningful relief and with it, she is able to get some things done..." In progress report dated 05/11/15, the treater states that the patient "continues to the 4A's of pain management care." As per progress report dated 07/07/15 (after the UR denial date), the treater states that medications help reduce lower back pain from 10/10 to 5/10, and left knee pain from 10/10 to 6/10. As per the same report, medications help the patient to dress herself. She is not able to do it without medications. However, with regards to other ADLs such as bathing, grooming, walking, climbing stairs, shopping, cooking and doing laundry, medications do not make any difference as the patient is unable to accomplish

these tasks even upon taking the opioids. Urine drug screen, dated 06/09/15 and reviewed on 07/07/15, is consistent. No CURES report is available for review. Additionally, Fentanyl patch does not appear to improve the patient's function and ability to perform ADLs significantly. Given the lack of efficacy, the request IS NOT medically necessary.

Oxycodone 20mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria For Use Of Opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The 47 year old patient complains of lower back pain, rated at 6/10, radiating to the left lower extremity and increasing left knee pain, as per progress report dated 06/09/15. The request is for Oxycodone 20mg #90. The RFA for this case is dated 06/09/15, and the patient's date of injury is 08/08/08. Diagnoses, as per progress report dated 06/09/15, included postoperative constipation, posterior L4-5 and anterior L5-S1 pseudoarthrosis, bursitis, chronic intractable pain, left knee internal derangement, L4-5 and L5-S1 disc degeneration, L4-S1 stenosis, L5 left leg radiculopathy, and intermittent left L3 radiculopathy. The patient is status post L4-S1 PLIF on 03/28/11, and status post removal of instrumentation, left L5 and S1 foraminotomy, and osteotomy fusion on L5. Current medications included Fentanyl patch, Lunesta, Oxycodone, Methadone and Tizanidine. The reports do not document the patient's work status. MTUS Guidelines pages 88 and 89, section Opioids, long-term assessment states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." In this case, a prescription for Oxycodone is first noted in progress report dated 11/19/14, and the patient is using it consistently since then. It is not clear when this medication was first prescribed. In progress report dated 06/04/15, the treater states pain medications are giving the patient "some meaningful relief and with it, she is able to get some things done..." In progress report dated 05/11/15, the treater states that the patient "continues to the 4A's of pain management care." As per progress report dated 07/07/15 (after the UR denial date), the treater states that medications help reduce lower back pain from 10/10 to 5/10, and left knee pain from 10/10 to 6/10. As per the same report, medications help the patient to dress herself. She is not able to do it without medications. However, with regards to other ADLs such as bathing, grooming, walking, climbing stairs, shopping, cooking and doing laundry, medications do not make any difference as the patient is unable to accomplish these tasks even upon taking the opioids. Urine drug screen, dated 06/09/15 and reviewed on 07/07/15, is consistent. No CURES report is available for review. Additionally, Oxycodone does not appear to improve the patient's function and ability to perform ADLs significantly. Given the lack of efficacy, the request IS NOT 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 Official Disability Guidelines (ODG), Mental Illness & Stress, Eszopicolone (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress Chapter under Eszopicolone (Lunesta).

Decision rationale: The 47 year old patient complains of lower back pain, rated at 6/10, radiating to the left lower extremity and increasing left knee pain, as per progress report dated 06/09/15. The request is for Lunesta 3mg #30. The RFA for this case is dated 06/09/15, and the patient's date of injury is 08/08/08. Diagnoses, as per progress report dated 06/09/15, included postoperative constipation, posterior L4-5 and anterior L5-S1 pseudoarthrosis, bursitis, chronic intractable pain, left knee internal derangement, L4-5 and L5-S1 disc degeneration, L4-S1 stenosis, L5 left leg radiculopathy, and intermittent left L3 radiculopathy. The patient is status post L4-S1 PLIF on 03/28/11, and status post removal of instrumentation, left L5 and S1 foraminotomy, and osteotomy fusion on L5. Current medications included Fentanyl patch, Lunesta, Oxycodone, Methadone and Tizanidine. The reports do not document the patient's work status. ODG-TWC, Mental & Stress Chapter under Eszopicolone (Lunesta) states: Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. 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 FDA has lowered the recommended starting dose of Eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women." In this case, a prescription for Lunesta is first noted in progress report dated 11/19/14. It is not clear when this medication was first prescribed. As per progress report dated 06/04/15, "The patient complains of poor quality of sleep due to pain. The patient is not taking sleep aid." Progress report, dated 06/09/15, however, continues to document the use of Lunesta. The treater does not document the efficacy of Lunesta and its impact on the patient's symptoms. Additionally, ODG limits the "use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase." Hence, the request IS NOT medically necessary.