MAXIMUS Federal Services

Case Number:	CM15-0137199		
Date Assigned:	07/27/2015	Date of Injury:	04/03/2000
Decision Date:	08/27/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/15/2015

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: Georgia, California, Texas
Certification(s)/Specialty: Preventive Medicine, Occupational 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 64 year old female, who sustained an industrial injury on 4/3/00. She has reported initial complaints of a back injury. The diagnoses have included chronic pain syndrome, lumbago, lumbosacral disc degeneration, history of thoracic vertebral fractures, and history of lumbar surgery, failed back syndrome, and opioid dependence. Treatment to date has included medications, activity modifications, pain management, diagnostics, physical therapy, Functional Restoration Program, water aerobics and home exercise program (HEP). Currently, as per the physician progress note dated 6/2/15, the injured worker complains of low back pain that is rated 4-5/10 on pain scale. She states that her sleep continues to be disturbed due to pain. The current medications included Oxycodone, Prozac, Diazepam, Lunesta, and Soma. There is no previous urine drug screen noted. The physical exam reveals she has antalgic gait, she does not use a device, her balance is better, she has a limp towards the right, and she has difficulty standing up and sitting down from the chair. The physician requested treatments included Oxycodone 30mg #150, Diazepam 5mg #30 with 5 refills, and Lunesta 2mg #30 x 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain Page(s): 78-81 of 127.

Decision rationale: Concerning chronic back pain, MTUS states that opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy". MTUS states monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs. Based upon the submitted documentation the "4 A's" are not met in this case. Significant functional improvement is not documented despite long-term use of high doses of opioid pain medication. Claimant has a history of early medication refills due to taking greater than the prescribed amount of medication. Despite a functional restoration program, there was no success in reducing her oxycodone dosage to less than 30 mg 5 times daily (morphine equivalent dosage = 225 mg/day). Use of drug screens or CURES reports to monitor for evidence of aberrant medication behavior is not documented. The requested oxycodone is not medically necessary or established.

Diazepam 5mg #30 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24 of 127.

Decision rationale: MTUS does not recommend long-term use of benzodiazepines for any condition, noting lack of proven efficacy, potential for dependence, and rapid development of tolerance to the anxiolytic, hypnotic, and muscle relaxant effects of benzodiazepines. No functional improvement is documented despite long-term benzodiazepine use in this case. The requested diazepam is not medically necessary or established.

Lunesta 2mg #30 x 5 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), Mental Health and Stress, Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness & Stress Chapter (updated 03/25/15), Eszopicolone (Lunesta).

Decision rationale: Claimant has been receiving Lunesta on an ongoing basis for several months. ODG does not recommend long-term use of Lunesta. ODG recommends limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourages use in the chronic phase. The requested Lunesta is not medically necessary or established.