

Case Number:	CM15-0138638		
Date Assigned:	07/30/2015	Date of Injury:	03/17/2001
Decision Date:	09/25/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/17/2015

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: Arizona, Michigan

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 44 year old, male who sustained a work related injury on 3-17-01. The diagnoses have included long-term medications use and pain in thoracic spine. Treatments have included lumbar spine surgery and oral medications. In the Visit Note dated 5-21-15, the injured worker reports chronic pain in the upper thoracic, mid thoracic and lower back following a spinal cord injury. At the last visit, he attempted to decrease his use of Norco. Independent Medical Review denied his medications. Now, he cannot do activities of daily living without medications. He had 90% improved walking and standing abilities with medications. He has 5 out of 5 muscle strength in both legs. He ambulates with a positive "grocery cart sign." Sensation is intact to light touch and pinprick in both legs. He has 15 degrees forward flexion with standing upright. He has hyperreflexia to both Achilles. He has 2 beat clonus on the Achilles bilaterally. He is not working. The treatment plan includes prescriptions for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg #30 with 3 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 illness and 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 Illness and Stress chapter, Sedative Hypnotics.

Decision rationale: Per the ODG, Eszopiclone (Lunesta) is a sedative hypnotic. It is not recommended for long-term use but is recommended for short-term use. It is discouraged in the chronic phase of injury and pain. "They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In this study, receiving hypnotic prescriptions was associated with greater than a threefold increased hazard of death even when prescribed less than 18 pills/year." He has been taking this medication for over 2 years. There is insufficient documentation that the injured worker is having difficulty with sleep. He has been taking this for a long period of time and there is insufficient documentation that the Lunesta is helping him to sleep better, therefore the requested treatment of Lunesta is not medically necessary.

Mirtazapine 15mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain, insomnia treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-16.

Decision rationale: Per the CA MTUS guidelines, Mirtazapine is a selective serotonin reuptake inhibitor (SSRI), "a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. (Finnerup, 2005) (Saarto-Cochrane, 2005) It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. (Namaka, 2004) More information is needed regarding the role of SSRIs and pain." He has been taking this medication for a minimum of over 2 years. The records do not reflect what diagnosis the Mirtazapine was ordered to treat. He does not say how the Mirtazapine is helping to decrease his pain. Since the evidence shows more information is needed on how SSRIs help with pain, the requested treatment of Mirtazapine is not medically necessary.

Hydrocodone/APAP 10/325mg #450: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per the CA MTUS guidelines, Hydrocodone-acetaminophen is a combination of two medications and considered an opioid medication. "Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components." "Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another." "A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (<=70 days)." Long-term use of

opioids is not recommended. It is noted that the injured worker has been on this medication for a minimum of over 2 years. There is insufficient documentation of decreased pain levels or improved functional capabilities. Documentation does include a toxicology screen dated 5-21-15. It was positive for Hydrocodone and Oxycodone. He is not exhibiting any signs of drug misuse or does not report any side effects. This medication has been prescribed at all recent office visits for one month supply. Since there no decrease in pain levels, a decrease in overall pain, an increase in functional capacity and there has been long-term use of this medication, this request for Hydrocodone-Acetaminophen is not medically necessary.

Oxycontin 40mg #900: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per CA MTUS guidelines, Oxycontin is a controlled release form of Oxycodone. Oxycodone is an opioid medication with the potential to be addictive. It is for the short-term use for pain relief. "Oxycontin Tablets are a controlled release formulation of Oxycodone hydrochloride indicated for the management of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. Oxycontin tablets are NOT intended for use as a prn analgesic." It is noted that the injured worker has been on this medication for a minimum over 2 years. There is no documentation noted about how he takes the Oxycontin in relation to usual dosage, how long it takes the medication to start working or how long any pain relief lasts. Long term use of opioid medications is not recommended. "There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care." CA MTUS Guideline indicates "Functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management, and a reduction in the dependency on continued medical treatment." Documentation does include a recent toxicology screen dated 5-21-15. Results showed it was positive for Hydrocodone and Oxycodone. He is not exhibiting any signs of drug misuse or does not report of any side effects. Since he has taken this medication long-term and there is insufficient documentation of improvement in functional capabilities, this request for Oxycontin is not medically necessary.