

Case Number:	CM15-0144187		
Date Assigned:	08/05/2015	Date of Injury:	09/14/2013
Decision Date:	09/30/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/24/2015

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: Pennsylvania, Ohio, 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 48-year-old male who sustained an industrial injury on 09/14/2013. According to a progress report dated June 24, 2015, the injured worker was being seen for chronic pain of his cervical spine, thoracic spine and lumbar spine. Chief complaints included neck and low back pain. He reported no change in symptoms since his last visit. He had not been taking Gralise as prescribed. He had been taking one 600 mg tab at bedtime only. Current pain level was rated 6 on a scale of 1-10. Current medications included Lunesta, Zanaflex, Gralise and Norco. Diagnoses included cervical disc herniation, lumbar-lumbosacral disc degeneration, lumbar radiculitis, sprain thoracic region, myofascial pain syndrome and encounter for long-term use of other medications. Pain counseling, chiropractic, gastrointestinal consultation and neurology consultation was pending authorization. The provider noted that Norco would be closely monitored (issues with dual provider prescription). No abuse was suspected. The provider noted that opioids helped improve function and were appropriate. Gralise could be increased to 900 mg in the evening. He was a candidate for a spinal cord stimulator. The provider requested authorization for Hysingla 20 mg 1 tab by mouth every 24 hours #30. The injured worker was noted to have chronic lumbar pain with poor function. He had failed back surgery, physical therapy and various medications. He had slow escalation of Norco and required extended release opioid for improved pain management and function. Prescriptions included Lunesta 2 mg tablet. The injured worker was expected to reach permanent, stationary, and medical maximum improvement status 9-12 months after he recovered from the effects of surgery. He was unable to work and was medically temporarily totally disabled. Currently under

review is the request for Hysingla 20 mg quantity 30 and Lunesta 2 mg quantity unspecified. Documentation shows long-term use of opioids. The injured worker was being prescribed opioids by two different providers. The injured worker was prescribed Lunesta starting on April 9, 2015 at which time the injured worker reported sleep deprivation. On May 07, 2015, the injured worker reported that Lunesta helped him to fall asleep but that he continued to have difficulty with frequent waking.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hysingla 20mg quantity 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, Pain (chronic), Hysingla.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management, Opioids for Chronic Pain Page(s): 78, 80.

Decision rationale: MTUS discusses in detail the 4A's of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4A's of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Therefore, this request is not medically necessary.

Lunesta 2mg quantity unspecified: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Eszopiclone (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Insomnia Treatment.

Decision rationale: MTUS does not discuss this issue. ODG does not recommend chronic pharmacological treatment of insomnia without clear evaluation of the cause of insomnia and any potential underlying psychiatric comorbidity. The records do not provide alternative clarification to support this request. The request is not medically necessary.