

Case Number:	CM15-0184133		
Date Assigned:	09/24/2015	Date of Injury:	08/15/2007
Decision Date:	10/30/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/18/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 female, who sustained an industrial-work injury on 8-15-07. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc displacement, herniated nucleus pulposus (HNP), muscle spasm, thoracic lumbar neuritis and radiculitis, and pain in joint lower leg. Medical records dated (6-26-15 to 8-24-15) indicate that the injured worker complains of continued headache, low back pain, and knee pain. The pain is rated at least a 6 out of 10 on pain scale and at worst 8 out of 10 on the pain scale. The injured worker states that the pain is increasing. The pain is constant and increased by lying down and movement and decreased by rest and medications. The medical record dated 7-23-15 stated the injured worker reports having trouble with sleeping and would like medication for sleep. The medical records also indicate worsening of the activities of daily living. Per the treating physician report dated 8-14-15 the injured worker has not returned to work. The physical exam dated (6-26-15 to 8-24-15) reveals the lumbar spine has decreased range of motion in all planes, decreased range of motion extension, positive lumbar tenderness to palpation, positive spasm, bilateral trigger points, bilateral tenderness to palpation of the lumbar facet joints, bilateral straight leg raise, and bilateral radicular signs. The injured worker reports that the medications help to decrease the pain level and increase function. Treatment to date has included pain medication, Lunesta since at least 7-23-15, Oxycodone since at least 2-2-15, lumbar epidural steroid injection (ESI) 1-14-15 not effective, consults, diagnostics, and other modalities. The treating physician indicates that the urine drug test result dated 3-4-15 was inconsistent with the medication prescribed. The requested services included Lunesta 3 mg #30 and Oxycodone 15

mg #120. The original Utilization Review dated 9-4-15 non-certified the request for Lunesta 3 mg #30 as per the guidelines the documentation does not describe failure of behavioral interventions including following sleep hygiene techniques. The request for Oxycodone 15 mg #120 was non-certified as per the guidelines the documentation does not identify VAS pain scores and there is no documentation of functional benefit with ongoing use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3 mg #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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness & Stress, Eszopicolone (Lunesta), Insomnia treatment ODG, Pain (Chronic), Eszopicolone (Lunesta).

Decision rationale: The CA MTUS is silent concerning Lunesta, but the ODG does recommend for short-term use, but not for long-term use. The ODG recommendation is to limit use of hypnotics to three weeks maximum in the first two months of injury only, and then to discourage use in the chronic phase. Overall, Lunesta has demonstrated reduced sleep latency and sleep maintenance and is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. According to the treating provider's notes, the injured worker has had ongoing insomnia, but the notes do not state whether she has had intervention for improved sleep hygiene and cognitive therapy for insomnia. Additionally, the notes do not document her specific insomnia components and how she has benefited from the medication. Therefore, per the ODG guidelines, the request for Lunesta 3 mg #30 is not medically necessary and appropriate at this time.

Oxycodone 15 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis.

Decision rationale: The cited CA MTUS recommends short acting opioids, such as Oxycodone, for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications (antidepressants, anticonvulsants). Opioids are recommended as the standards of care for moderate to severe nociceptive pain, but are not recommended as first-line therapy for osteoarthritis. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of

daily living. The treating provider's notes included documentation of pain with and without medication on the visual analog scale and no significant adverse effects; however, they did not document a pain contract on file and objective functional improvement. A urine drug screen from 3-4-15 was consistent (no drug list attached), but there was no CURES report provided. The injured worker should continue follow-ups routinely, with appropriate documentation, and weaning of opioids reassessed and initiated as soon as indicated by the treatment guidelines. Therefore, based on the available medical records and cited MTUS guidelines, the request for Oxycodone 15 mg #120 is not medically necessary and appropriate.