

Case Number:	CM15-0187064		
Date Assigned:	09/29/2015	Date of Injury:	01/03/2011
Decision Date:	11/12/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/23/2015

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, Hawaii
 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 69 year old male, who sustained an industrial injury on 1-3-2011. The medical records indicate that the injured worker is undergoing treatment for chronic lumbar back pain with L5-S1 spondylolisthesis and spinal stenosis, chronic thoracic myofascial pain, chronic cervical myofascial pain with multi-level cervical degenerative disc disease and disc bulges, chronic right upper extremity weakness, chronic bilateral lower extremity radicular symptoms, left greater than right, chronic post traumatic headaches (not active), and chronic depression (in remission). According to the progress report dated 8-19-2015, the injured worker presented with complaints of pain in the neck, upper back, lower back, right arm, and right leg, associated with weakness. The level of pain is not rated. The physical examination reveals limited range of motion in the cervical and lumbar spine. There is no paracervical, parathoracic, or paralumbar tenderness noted. The current medications are Norco, Lunesta (since at least 4-17-2015), and Colace. Previous diagnostic studies include MRI of the cervical spine (1-13-2012). Treatments to date include medication management. Work status is described as limited duty. The original utilization review (9-16-2015) partially approved a request for Vicodin #120 (original request was for #150). The request for Lunesta was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2 MG Qty 120: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia, Lunesta.

Decision rationale: The patient presents with pain affecting the neck, low back, right arm, and right leg. The current request is for Lunesta 2 MG Qty 120. The treating physician report dated 5/28/15 (35B) states, "He will continue Lunesta 2 mg po qhs for sleep disturbance secondary to pain." ODG insomnia chapter guidelines state that this medication has demonstrated reduced sleep latency and sleep maintenance. (Morin, 2007) The only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. ODG guidelines pain chapter and mental chapter state the medication is not recommended for long-term use. In this case, the patient has been taking this medication since at least 5/28/15 (36B) and there is no discussion of its efficacy in treating the patient's symptoms, or documentation of functional improvement as required by the MTUS guidelines on page 60. Furthermore, MTUS guidelines page 8 state the treating physician must monitor the patient's progress and make appropriate recommendations. The current request is not medically necessary.

Vicodin 5 MG Qty 150: Overturned

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, criteria for use.

Decision rationale: The patient presents with pain affecting the neck, low back, right arm, and right leg. The current request is for Vicodin 5 MG Qty 150. The treating physician report 8/19/15 (11B) states, "The patient obtains pain relief and improved functioning from the Vicodin taken for pain. The patient is not having significant side effects from the medication. The patient has increased physical and psychosocial functioning as a result of taking this opiate medication." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided, show the patient has been taking Vicodin since at least 5/28/15 (36B). Patient except for constipation, which is being treated with Colace, noted no adverse effects or adverse behavior. The patient's ADL's have improved and he has experienced an increase in physical and psychosocial functioning. The patient's last urine drug screen was consistent and the

physician has a signed pain agreement on file as well. The continued use of Vicodin has improved the patient's symptoms and has allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, and functional improvement has been documented. The current request is medically necessary.