

Case Number:	CM15-0196145		
Date Assigned:	10/09/2015	Date of Injury:	01/17/2007
Decision Date:	11/18/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/06/2015

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, California
 Certification(s)/Specialty: 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:

This is a 57 year old male with a date of injury of January 17, 2007. A review of the medical records indicates that the injured worker is undergoing treatment for shoulder pain and lumbar facet syndrome. Medical records dated July 30, 2015 indicate that the injured worker complained of pain rated at a level of 4 out of 10 and 7 out of 10 without medications, and an increased activity level. A progress note dated September 24, 2015 documented complaints of pain rated at a level of 5 out of 10 and 8 out of 10 without medications. The physical exam dated July 30, 2015 reveals a slowed gait, restricted range of motion of the lumbar spine, tenderness to palpation of the lumbar paravertebral muscles with spasm and tight muscle band bilaterally, positive lumbar facet loading on the right, positive straight leg raising test on the left, decreased range of motion of the bilateral shoulders, positive patellar grind test of the left knee, and positive McMurray's on the left. The progress note dated September 24, 2015 documented a physical examination that showed no changes since the examination performed on July 30, 2015. Treatment has included lumbar epidural steroid injection, right shoulder injections, and medications (Ibuprofen 600mg twice daily as needed, Lunesta, 3mg at bedtime, and Oxycodone, HCL 15mg every four to six hours as needed since at least December of 2014). The treating physician documented that the urine drug screen dated July 18, 2012 showed results consistent with the injured worker's prescribed medications. The original utilization review (October 1, 2015) non-certified a request for Oxycodone HCL 15mg #180 and Lunesta 3mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone Hcl 15mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter: Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

Decision rationale: Oxycodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on opioids for several months including prior use of Norco. The claimant was also on NSAIDS. Pain reduction attributed to Oxycodone cannot be determined. There was no mention of Tylenol or weaning failure. The continued and chronic use of short acting opioids such as Oxycodone is not medically necessary.

Lunesta 3mg #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 (ODG), Mental Illness & Stress Chapter - 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) pain chapter and pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the claimant was on Lunesta for several months. Failure of behavioral intervention was not mentioned. Long-term use is not recommended. Continued use of Lunesta is not medically necessary.