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| Case Number: | CM15-0204014 | | |
| Date Assigned: | 10/20/2015 | Date of Injury: | 05/10/2000 |
| Decision Date: | 12/21/2015 | UR Denial Date: | 09/16/2015 |
| Priority: | Standard | Application Received: | 10/16/2015 |

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
 Certification(s)/Specialty: Emergency 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 65 year old male who sustained an industrial injury 05-10-10. A review of the medical records reveals the injured worker is undergoing treatment for lumbar spinal stenosis, lumbar disc displacement, and lumbar disc disorder. Medical records (08-31-15) reveal the injured worker complains of "severe" back pain and intermittent transforaminal leg pain, which are not rated. The physical exam (05-27-15, 06-25-15, 07-15-15, 08-31-15) is not documented. The physical exam (04-14-15) reveals the injured worker ambulated without any assistance with an antalgic gait. Only the mental status, gait, neck, and skin were addressed in the physical exam. Prior treatments include cervical fusion, and left knee surgeries, as well as medications including Sonata, OxyContin, Skelaxin, and Diazepam as well as rest, ice, and stretches. The treating provider reports not aberrant drug behavior or side effects. The original utilization review (09-16-15) n on certified the requests for Sonata 10mg #10 and OxyContin 80mg #90. The documentation supports that the injured worker has been on Sonata and OxyContin since at least 03-24-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sonata 10mg, #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Insomnia treatment, updated 9/8/2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/sonata.html>.

Decision rationale: The requested Sonata 10mg, #10, is not medically necessary. CA MTUS and ODG are silent. <http://www.drugs.com/sonata.html> noted that this sedative-hypnotic medication is useful for short-term treatment of insomnia. The injured worker has "severe" back pain and intermittent transforaminal leg pain, which are not rated. The physical exam (05-27-15, 06-25-15, 07-15-15, and 08-31-15) is not documented. The physical exam (04-14-15) reveals the injured worker ambulated without any assistance with an analgic gait. Only the mental status, gait, neck, and skin were addressed in the physical exam. The treating physician has not documented current sleep disturbance, results of sleep behavior modification attempts or any derived functional benefit from its previous use. The criteria noted above not having been met, Sonata 10mg, #10 is not medically necessary.

Oxycontin 80mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

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

Decision rationale: The requested Oxycontin 80mg, #180, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has "severe" back pain and intermittent transforaminal leg pain, which are not rated. The physical exam (05-27-15, 06-25-15, 07-15-15, and 08-31-15) is not documented. The physical exam (04-14-15) reveals the injured worker ambulated without any assistance with an analgic gait. Only the mental status, gait, neck, and skin were addressed in the physical exam. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Oxycontin 80mg, #180 is not medically necessary.