

Case Number:	CM15-0208126		
Date Assigned:	10/27/2015	Date of Injury:	10/17/2002
Decision Date:	12/15/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/22/2015

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, Texas

Certification(s)/Specialty: Internal 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 63 year old male, who sustained an industrial injury on 10-17/2002. Diagnoses include postlaminectomy syndrome and cervical radiculopathy, status post cervical fusion. Treatments to date include activity modification, medication therapy, and physical therapy. On 7-27-15, he complained of ongoing pain in the neck, upper back, and bilateral upper extremities. Pain was rated 2 out of 10 VAS with medication and 7 out of 10 VAS without medications. Current medications included Lunesta and Oxycodone, prescribed for at least six months. It was documented Lunesta use increased sleep to 8 hours and without he gets up 5-6 times per night. Oxycodone was noted decreased from three tablets daily to once daily and allows for increased functional ability. The physical examination documented cervical muscle and facet tenderness and positive Spurling's maneuver. The plan of care included prescriptions to refill medications as previously prescribed. The appeal requested authorization for Oxycodone HCL 30mg #30 with one refill and Lunesta 2mg #10 with one refill. The Utilization Review dated 10-6-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 30mg #30 with 1 refill: 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, criteria for use, Opioids for chronic pain.

Decision rationale: Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. In this case, the documentation doesn't support that the patient has had a meaningful improvement in function or pain while taking this medication. The continued use is not medically necessary.

Lunesta/Eszopiclone 2mg #10 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Med Lett Drugs Ther. 2005 Feb 28; 47 pg 17-9.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UPtoDate.com. Treatment of Insomnia.

Decision rationale: The MTUS is silent regarding the use of Ambien for chronic insomnia. The FDA has approved the use of Ambien for short-term treatment of insomnia (with difficulty of sleep onset). Ambien is not approved for the long-term treatment of insomnia. When treating insomnia all patients should receive therapy for any medical condition, psychiatric illness, substance abuse or sleep disorder that may be precipitating or exacerbating the insomnia. For patients who continue to have insomnia that is severe enough to require intervention cognitive behavioral therapy (CBT) is the initial therapy that is recommended. If a patient requires a combination of behavioral therapy and medication, a short acting medication is recommended for 6-8 weeks and then tapered. If the patient is still having symptoms, they may require evaluation in a sleep disorder center prior to the institution of long-term medications. In this case, the documentation doesn't support that the patient has received optimal therapy for medical and psychiatric conditions or that non-pharmacologic treatment for insomnia has failed. The use of a sleeping agent is not medically necessary.