

Case Number:	CM15-0209849		
Date Assigned:	10/28/2015	Date of Injury:	10/17/2008
Decision Date:	12/10/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	10/26/2015

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: Preventive Medicine, Occupational 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:

This 52 year old male sustained an industrial injury on 10-17-08. Documentation indicated that the injured worker was receiving treatment for lumbar disc disease with right foraminal stenosis, radiculopathy and sacroiliac joint disease. Previous treatment included lumbar fusion (2010), lumbar laminectomy and decompression at L4-5 (2009), lumbar laminectomy and discectomy with partial facetectomy (2008), spinal cord stimulator trial, epidural steroid injections and medications. In a PR-2 dated 6-3-15, the injured worker complained of low back and right lower extremity pain rated 5 out of 10 on the visual analog scale. The injured worker reported that pain interfered with sleep. Physical exam was remarkable for lumbar spine with tenderness to palpation over the paraspinals with range of motion: flexion 30 degrees, extension 10 degrees and bilateral lateral bend 5 degrees, positive right straight leg raise, decreased sensation at right L4-5 and L5-S1 distributions and 5 out of 5 lower extremity strength. The treatment plan included continuing medications (Norco, Percocet and Lunesta) and adding Wellbutrin. In a PR-2 dated 10-6-15, the injured worker complained of low back and right lower extremity pain rated 4 out 10 on the visual analog scale. The physician noted that the pain interfered with sleep and that the injured worker was depressed. The injured worker was working 8 hours a day. Physical exam was unchanged. The treatment plan included continuing medications (Norco, Percocet, Wellbutrin and Lunesta). On 10-23-15, Utilization Review noncertified a request for Percocet 10-325mg #30 and modified a request for Lunesta 3mg #30 to Lunesta 3mg #15 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg times 30 1hs: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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,/Insomnia Treatment Section.

Decision rationale: The MTUS Guidelines do not address pharmacologic sleep aids. Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management 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 whereas secondary insomnia may be treated with pharmacological and/or psychological measures. Eszopicolone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. It is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. A randomized, double blind, controlled clinical trial with 830 primary insomnia patients reported significant improvement in the treatment group when compared to the control group for sleep latency, wake after sleep onset, and total sleep time over a 6-month period. Side effects: dry mouth, unpleasant taste, drowsiness, dizziness. Sleep-related activities such as driving, eating, cooking and phone calling have occurred. Withdrawal may occur with abrupt discontinuation. This medication has been prescribed for an extended period of time. The medical records do not address the timeline of the insomnia or evaluation for the causes of the insomnia. The medical records do not indicate that non-pharmacological modalities such as cognitive behavioral therapy or addressing sleep hygiene practices prior to utilizing a pharmacological sleep aid. The request for Lunesta 3mg times 30 1hs is determined to not be medically necessary.

Percocet 10/325mg #30 i po q4-6 hrs prn for severe pain: 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 for chronic pain, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has been prescribed two short acting opioids simultaneously without documented rationale. Additionally, there is a lack of quantifiable

pain relief with the use of percocet and there have been inconsistent urine drug screens. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Percocet 10/325mg #30 ipo q4-6 hrs prn for severe pain is determined to not be medically necessary.