

Case Number:	CM15-0032727		
Date Assigned:	02/26/2015	Date of Injury:	01/03/1992
Decision Date:	04/10/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/21/2015

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: Texas, Illinois

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:

The injured worker is a 67-year-old male who sustained an industrial injury on 01/03/1992. He has reported chronic low back pain, sciatica and insomnia. Diagnoses include low back pain from failed back surgery syndrome, hypogonadism, and insomnia. Treatment includes pain management by a pain management specialist. A progress note from the treating provider dated 01/12/2015 indicates the injured worker continues to have low back pain and pain in the feet and legs. He also has insomnia. He ambulates with a single point cane for short distances and uses a power wheelchair for long distances. The treatment plan included methadone 5mg every 6 hours for chronic low back pain, MSIR 15 mg q 4-6 hours as needed for breakthrough pain and Lunesta 2mg at bedtime for sleep. On 02/09/2015 Utilization Review non-certified a request for MSIR 15mg #180 and non-certified a request for Methadone 10mg #120 citing the MTUS Guidelines. Utilization Review also non-certified a request for Lunesta 2mg #30. The ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 01/03/1992. The medical records provided indicate the diagnosis of low back pain from failed back surgery syndrome, hypogonadism, and insomnia. Treatment includes pain management by a pain management specialist. The medical records provided for review do not indicate a medical necessity for Methadone 10mg #120. The records indicate the worker has been using this medication since 2013; there is no indication the injured worker is being monitored for pain control, activities of daily living, and adverse effects; there is no indication of pain reduction or functional improvement in the worker. The MTUS recommends that individuals on opioid maintenance be monitored for pain control (analgesia), activities of daily living, adverse effects, and aberrant drug taking behaviors. The MTUS states that, "The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs". The MTUS recommends discontinuation of treatment if there is no overall improvement in pain and function.

MSIR 15mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 01/03/1992. The medical records provided indicate the diagnosis of low back pain from failed back surgery syndrome, hypogonadism, and insomnia. Treatment includes pain management by a pain management specialist. The medical records provided for review do not indicate a medical necessity for MSIR 15mg #180. MSIR (Morphine) is an opioid. The records reviewed indicate the worker has been using this medication since 2013; there is no indication the injured worker is being monitored for pain control, activities of daily living, and adverse effects; there is no indication of pain reduction or functional improvement in the worker. The MTUS recommends that individuals on opioid maintenance be monitored for analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The MTUS states that, "The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs".

Lunesta 2mg #30: 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 (Chronic) Eszopicolone (Lunesta).

Decision rationale: The injured worker sustained a work related injury on 01/03/1992. The medical records provided indicate the diagnosis of low back pain from failed back surgery syndrome, hypogonadism, and insomnia. Treatment includes pain management by a pain management specialist. The medical records provided for review do not indicate a medical necessity for Lunesta 2mg #30. Lunesta is a non-Benzodiazepine sedative-hypnotics. It is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days; nevertheless, the Official Disability Guidelines recommends against using it for a long time because it is habit forming, it may impair function and memory more than opioids. Also, it has a high hazard ratio for death, and there is also concern that it may increase pain and depression over the long-term.