

Case Number:	CM15-0038790		
Date Assigned:	03/09/2015	Date of Injury:	08/26/2003
Decision Date:	04/16/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/02/2015

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: New York, West Virginia, Pennsylvania
 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 53-year-old male who sustained a work related injury August 26, 2003. Past history includes COPD (chronic obstructive pulmonary disease), heart murmur and blood clots (location not described). Past surgical history included lumbar spine fracture 2000, L3-S1 fusion 2003 and lumbar spine hardware removal 2006 and spinal cord stimulator permanent placement September 2014. Past medical treatments have included acupuncture, chiropractic, ESI (epidural steroid injection) injection, heat treatment, massage therapy, and spinal cord stimulator (SCS) trial. According to a treating physician's office visit dated February 9, 2015, the injured worker presented with continued lumbar spine pain, rated 3/10, with tenderness along the paraspinals. He uses a cane to ambulate. He sometimes passes his limit with the stimulator and needs to take medications. Diagnoses/impression included elevated blood pressure; other chronic pain; post-lumbar laminectomy syndrome; lumbar disc displacement; lumbar lumbosacral disc displacement and lumbago. Discussion included documentation of herniated disc L1-2 3.5mm and L5-S1 3-4mm and chronic neuropathic pain. Treatment plan included; continue with current medications, use ice and heat for pain control, and continue with spinal cord stimulator use.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Insomnia.

Decision rationale: Guidelines support use of Lunesta for treatment of insomnia. In this case, the patient began taking Lunesta in October of 2014 but there is a lack of measurable benefit in sleep quantity or quality resulting from Lunesta use. In addition, the patient subjectively reported difficulty sleeping while on Lunesta. Thus, the request to continue Lunesta at 3 mg #30 is not medically appropriate and necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: Guidelines support short-term use of opioids such as Norco for the treatment of moderate to severe pain. In this case, there is a lack of measurable benefit in pain and function attributed to this medication. Thus, it should be weaned and discontinued. The request for Norco 10/325 mg #90 is not medically appropriate and necessary.

1 Prescription of Oxycodone 15mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: Guidelines support short-term use of opioids such as oxycodone for the treatment of moderate to severe pain. In this case, there is a lack of measurable benefit in pain and function attributed to this medication. Thus, it should be weaned and discontinued. The request for oxycodone 15 mg #120 is not medically appropriate and necessary.