

Case Number:	CM15-0042126		
Date Assigned:	03/12/2015	Date of Injury:	11/08/1985
Decision Date:	04/23/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/05/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 58 year old female, who sustained an industrial injury on November 8, 1985. She reported a back injury. The injured worker was diagnosed as having post lumbar laminectomy syndrome, lumbar degenerative disc disorder, chronic back pain, lumbar radiculopathy, and hip bursitis. Treatment to date has included electrodiagnostic studies, medications, injections, and laboratory evaluations. Electrodiagnostic studies on June 24, 2004, reveal lumbar post-operative changes, and no lumbar radiculopathy. On September 19, 2014, she was seen for low back pain rated 5/10 on a pain scale. She indicates her pain would be 10/10 without medications. The records indicate there to be no new problems. She indicates her sleep quality to be fair. She reports losing her prescription for Norco, Oxycontin, Lunesta, and Soma. On February 24, 2015, the provider indicates Oxycontin 80mg will be decreased from 3 tablets three times daily to twice daily and 2 tablets at bedtime. The records indicate she has been utilizing Oxycontin, Norco, and Lunesta since at least September 2014. The request is for Oxycontin 80mg, and Norco 10/325mg, and Lunesta 3mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg #252: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 110-115..

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. It is also recommended by MTUS guidelines that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Regarding this patient's case, the cumulative total of morphine milligram equivalents of Norco and Oxycontin at this patient's prescribed dose does exceed this recommended limit. This request is found to be not medically necessary.

Norco 10/325mg #64: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 110-115..

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. It is also recommended by MTUS guidelines that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Regarding this patient's case, the cumulative total of morphine milligram equivalents of Norco and Oxycontin at this patient's prescribed dose does exceed this recommended limit. This request is found to be not medically necessary.

Lunesta 3mg #25: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG. Lunesta.

Decision rationale: The California MTUS guidelines are silent regarding the issue of sleep aids. Therefore, the ODG was referenced. The ODG specifically states regarding Lunesta that this

medication is not recommended for long term use. This patient has been on this medication for longer than 6 months, and likewise, weaning has now been appropriately recommended. Therefore, this request for Lunesta is not medically necessary.