

Case Number:	CM15-0055630		
Date Assigned:	03/30/2015	Date of Injury:	11/22/2002
Decision Date:	05/07/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/24/2015

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, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 was a 47 year old male, who sustained an industrial injury, November 22, 2002. The injured worker previously received the following treatments Lyrica, Norco, MS Contin, Lunesta, Methadone, Vicodin, Etodolac, Senokot, acupuncture, home exercise program and pain specialist. The injured worker was diagnosed with sacroiliac pain, lumbosacral degenerative disc disease, status post fusion from L3-L5, lumbosacral neuritis. According to progress note of February 24, 2015, the injured workers chief complaint was low back pain with radiation of pain down the lower extremities. The injured worker rated the pain at 8 out of 10; 0 being no pain and 10 being the worse pain. The injurer stated the pain medication takes the edge off. The physical exam noted pain and numbness along the anterior thighs. There was decreased flexion of the lumbar spine. The injured worker had an antalgic gait and used a cane for ambulation. The treatment plan included prescriptions for MS Contin and Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 74-80.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2002. The medical course has included numerous treatment modalities including use of several medications including narcotics. Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visits of 12/14 and 2/15 fail to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of MS Contin is not substantiated in the records.

Lunesta 2mg #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress, Lunesta; Pain (Chronic), Eszopiclone (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate: drug information: lunesta and treatment of insomnia.

Decision rationale: Eszopiclone or Lunesta is used in the treatment of insomnia (with difficulty of sleep onset and/or sleep maintenance) and has the longest half-life of the approved nonbenzodiazepines, approximately five to seven hours. Reported side effects include somnolence, headache, dizziness, and unpleasant dreams. In this injured worker, there was no documentation of a discussion of sleep hygiene, efficacy or side effects of lunesta. There is also no documentation of other non-pharmacologic measures to assist with sleep. The records do not support the medical necessity of lunesta.