

<b>Case Number:</b>	CM15-0068079		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	08/04/1993
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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  
Certification(s)/Specialty: Internal 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 60 year old male, who sustained an industrial injury on 8/4/1993. The mechanism of injury is not indicated. The injured worker was diagnosed as having cervicalgia, post laminectomy syndrome cervical region, pain in joint, and lumbago. Treatment to date has included medications, lumbar surgery, and physical therapy. The request is for Qsymia, Lunesta, Opana, Oxycodone, Ibuprofen, and Omeprazole. The records indicate he has utilized Ibuprofen, Lunesta, Qsymia, and Omeprazole since at least June 2014, and Oxycodone and Opana since at least January 2014. On 3/4/2015, he complained of continued dull ache in the back which he reports is controlled well by medications. The treatment plan included: Fortesta, Lunesta, Diazepam, Qsymia, Oxycodone, Opana ER 40mg, Opana ER 20mg, Ibuprofen, and Omeprazole. He reported physical therapy to be helpful.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Osymla 15/92 mg, thirty count:** 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-date--Qsymia Pharmacologic Category Anorexiant; Anti-convulsant, Miscellaneous; Sympathomimetic.

**Decision rationale:** CA MTUS and ODG do not address this, therefore, alternate guidelines including Up-to-date were reviewed. Qsymia for Weight management: Oral: Initial: Phentermine 3.75 mg/topiramate 23 mg once daily for 14 days. Increase dose to phentermine 7.5 mg/topiramate 46 mg once daily for 12 weeks then evaluate weight loss. If 3% of baseline body weight has not been lost, discontinue use or increase dose to phentermine 11.25 mg/topiramate 69 mg once daily for 14 days, and then to phentermine 15 mg/topiramate 92 mg once daily. Evaluate weight loss after 12 weeks on phentermine 15 mg/topiramate 92 mg; if 5% of baseline body weight has not been lost at dose of phentermine 15 mg/topiramate 92 mg gradually discontinue therapy (eg, 1 dose every other day for at least 1 week). In this case, there is no compelling evidence presented by the treating provider that indicates this injured worker, had any significant improvements from use of this medication, and also review of Medical Records do not indicate that in this injured worker, previous use of this medication has been effective in maintaining any measurable objective evidence of functional improvement. Treating provider notes injured worker is gaining weight. Medical necessity of the requested item has not been established. Of note, discontinuation of the medicine should include a taper. The requested medication is not medically necessary.

**Lunesta 3 mg, thirty count:** 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:** 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.

**Decision rationale:** Eszopicolone (Lunesta) is a prescription short-acting non-benzodiazepine sedative-hypnotic, which is recommended for short-term treatment of insomnia (two to six weeks). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. Lunesta is indicated for the treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. According to the ODG guidelines, non-Benzodiazepine sedative-hypnotics are considered first-line medications for insomnia. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which have potential for abuse and dependency. It appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. Eszopicolone has demonstrated reduced sleep latency and sleep maintenance and is recommended for short-term use. In this case, the injured worker has chronic pain, and the submitted documentation does not indicate that Lunesta has helped this injured worker. Based on the cited guidelines, the requested medication is not medically necessary.

**Opana 40 mg, 180 count:** 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 Opioids Page(s): 93-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-Opioids.

**Decision rationale:** Opana (Hydromorphone/Dilaudid) is a semi-synthetic opioid analgesic which affects the central nervous system and is indicated for the treatment of moderate to severe pain. According to California MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opiate, and the duration of pain relief. In this case, the injured worker has shown no evidence of objective functional improvement. There has been no documentation of this medication's analgesic effectiveness and no clear documentation that the patient has responded to ongoing opioid therapy. Without this documentation, medical necessity has not been established. The requested treatment with Opana is not medically necessary.

**Oxycodone 15 mg, 450 count:**  
Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** According to the CA MTUS and ODG, Oxycodone is an opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is documentation of the medication's functional benefit. Medical necessity of the requested item has been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is medically necessary.

**Opana 20 mg, sixty count:**  
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 Opioids Page(s): 93-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** Opana (Hydromorphone/Dilaudid) is a semi-synthetic opioid analgesic which affects the central nervous system and is indicated for the treatment of moderate to severe pain. According to California MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opiate, and the duration of pain relief. In this case, the injured worker has shown no evidence of objective functional improvement. There has been no documentation of this medication's analgesic effectiveness and no clear documentation that the patient has responded to ongoing opioid therapy. Without this documentation, medical necessity has not been established. The requested treatment with Opana is not medically necessary.

**Ibuprofen 800 mg, sixty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287 - 288, 299.

**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-- NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Official Disability Guidelines (ODG) ODG states that for Chronic low back pain NSAIDs (non-steroidal anti-inflammatory drugs) are recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. In this case, there is no compelling evidence presented by the treating provider that indicates this injured worker, had any significant improvements from use of this medication, and also review of Medical Records do not indicate that in this injured worker, previous use of this medication has been effective in maintaining any measurable objective evidence of functional improvement. Medical necessity of the requested item has not been established. The request is not medically necessary.

**Omeprazole 20 mg, thirty count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors (PPIs) Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Proton pump inhibitors (PPIs).

**Decision rationale:** According to CA MTUS (2009), proton pump inhibitors, such as Omeprazole recommended for patients at risk for gastrointestinal events or taking NSAIDs with documented GI distress symptoms. There is no documentation indicating the patient has any ongoing GI symptoms or GI risk factors. He had GI symptoms in January 2014. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. Based on the available information provided for review, the medical necessity for Omeprazole has not been established. The request is not medically necessary.