

Case Number:	CM15-0082166		
Date Assigned:	05/04/2015	Date of Injury:	10/17/2002
Decision Date:	06/02/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/29/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62 year old male, who sustained an industrial injury on 10/17/02. Initial complaints were not reviewed. The injured worker was diagnosed as having cervical radiculopathy; cervical disc disorder; post cervical laminectomy syndrome. Treatment to date has included facet injections C4-5 and C5-6 bilaterally (10/28/04); status post cervical laminectomy/fusion (1/2006). Diagnostics included MRI cervical spine (6/24/08); X-rays Cervical spine (11/10/10). Currently, the PR-2 notes dated 4/1/15 indicated the injured worker complains of neck, upper back and bilateral upper extremity pain. The pain levels are reported as increased since last visit. The pain levels with medications are 3/10 and without 6/10. The quality of sleep is fair and activity level has remained the same and notes when he sleeps on his stomach there is an increase burning pain in his neck. The injured worker states the neck pain with radiation into the bilateral shoulders has increased since last visit and needed to take more pain medications than usual. Current medications prescribed are: Lunesta 2 mg at bedtime; Oxycodone HCl 30mg 1 three times a day PRN; Glipizide, Lisinopril; Metformin; Simvastatin; Carvedilol and Colchicine. He is not interested in a cervical epidural steroid injection. He has an authorization for a neck pain consultation 4/9/15. The provider is requesting Oxycodone HCL 30mg #90 and Lunesta 2mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 30mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of opioids, Opioids for chronic pain.

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

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Oxycodone HCL 30mg #90 is not medically necessary and appropriate.

Lunesta 2mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Med Lett Drugs, Eszopiclone (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Insomnia Treatment, pages 535-536.

Decision rationale: Hypnotics are not included among the multiple medications noted to be optional adjuvant medications, per the Official Disability Guidelines (ODG), Pain. Additionally, Lunesta is a non-benzodiazepine-like, Schedule IV controlled substance. Long-term use is not recommended as efficacy is unproven with a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic and anxiolytic. Chronic use is the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Submitted documents have not demonstrated any functional improvement from treatment rendered for this chronic injury. The Lunesta 2mg #30 is not medically necessary and appropriate.

