

Case Number:	CM15-0083330		
Date Assigned:	05/05/2015	Date of Injury:	08/30/1999
Decision Date:	06/08/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/30/2015

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: 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 46 year old male, who sustained an industrial injury on 08/30/1999. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, conservative therapies, injections, and lumbar fusion. Currently, the injured worker complains of worsening neck pain radiation to the upper extremities, low back pain radiating to the lower extremities, and difficulty sleeping. The diagnoses include lumbar discogenic pain, post laminectomy pain syndrome, chronic pain syndrome, paresthesia in the left leg, bilateral carpal tunnel syndrome, and cervical discogenic pain syndrome. The request for authorization included Lunesta and OxyContin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 30 mg Qty 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: Mental Illness & Stress - Eszopicolone (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Treatment of Insomnia by Michael Bonnet, MD, et al; UpToDate.com.

Decision rationale: This patient receives treatment for chronic neck pain with radiation to the arms and chronic insomnia. This relates back to a work-related injury dated 08/30/1999. This review addresses a request for Lunesta refills. This patient receives treatment a failed laminectomy syndrome. Medical treatment guidelines warn that reliance on hypnotics does not result in impressive relief from insomnia, and can produce side effects such as hallucinations, and lead to dependence and drug tolerance. Addressing sleep hygiene does lead to improvement in restorative sleep. Lunesta is medically approved for use in the treatment of insomnia for limited time; however, it is important to look for other treatable causes, such as OSA, and to document trials of sleep hygiene. Insomnia may be a manifestation of underlying major depression. A medical interview and the use of a PHQ-9 questionnaire to evaluate depression may be indicated. Lunesta is not medically indicated.

Oxycontin 30 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: This patient receives treatment for chronic neck pain with radiation to the arms and chronic insomnia. This relates back to a work-related injury dated 08/30/1999. This review addresses a request for Oxycontin 30mg TID. This patient receives treatment for a chronic pain syndrome. This patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document a quantitative assessment of return to function. Based on the documentation treatment with Oxycontin is not medically necessary.