

<b>Case Number:</b>	CM15-0085511		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	07/07/1998
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 68-year-old male, who sustained an industrial injury on 7/7/1998. He reported low back pain. The injured worker was diagnosed as having lumbar spondylosis, post lumbar laminectomy syndrome, and lumbar spine degenerative disc disease. Treatment to date has included medications, imaging, and lumbar surgery, and evaluations. The request is for CT myelogram of the lumbar spine without contrast, Senokot, Lunesta, and Oxycontin. On 4/13/2015, he complained of low back pain and indicated it had been unchanged from his last visit. He rated his pain with medications as 1/10, and without medications as 8/10. He indicated his quality of sleep to be poor and awakened at night due to pain. He reported being able to sleep 7-8 hours per night with Lunesta. He reported a decrease in his activity, and indicated he is taking his medications as prescribed. The treatment plan included: CT myelogram of lumbar spine, continue follow up with other physicians, continue with surgeon, Lunesta, Senokot, Neurontin, Oxycontin, and Oxycodone. The records indicate he has been utilizing Oxycontin, Lunesta, and Senokot since at least October 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Senokot 8. 5/50mg #60 with 3 refills: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.webmd.com/default.html](http://www.webmd.com/default.html).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C. C. R. 9792. 20 - 9792. 26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Senokot, CA MTUS supports the prophylactic treatment of constipation for patients utilizing opioids. The patient is noted to be utilizing long-acting and short-acting opioids. In light of the above, the currently requested Senokot is medically necessary.

**Lunesta 3mg #25:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) Chronic Pain, Sleep Medication, Insomnia treatment.

**Decision rationale:** Regarding the request for Lunesta, California MTUS does not address the issue. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is no current description of the patient's insomnia and no discussion regarding what behavioral treatments have been attempted. Furthermore, there is no indication that the medication is being used for short-term treatment as recommended by guidelines. In the absence of such documentation, the currently requested Lunesta is not medically necessary.

**Oxycontin 30mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long-acting opioids, Opioids, steps to avoid misuse/addiction, On-Going Management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C. C. R. 9792. 20 - 9792. 26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for OxyContin, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain without intolerable side effects or aberrant use. In light of the above, the currently requested OxyContin is medically necessary.

**CT myelogram of the lumbar spine without contrast with 1mm sagittal cuts:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Myelography.

**Decision rationale:** Regarding the request for CT myelogram, CA MTUS does not address the issue. ODG cites indications for the procedure, including: Surgical planning, especially in regard to the nerve roots; a myelogram can show whether surgical treatment is promising in a given case and, if it is, can help in planning surgery; and Use of MRI precluded because of Surgical hardware. Within the documentation available for review, the patient has a history of multiple spine surgeries. The patient has significant pain 8/10 with a bone on bone sensation in the lumbar spine that has persisted for some time and has been progressively worsening. It appears that the most recent imaging was performed in 2011. In light of the above issues, the currently requested CT myelogram is medically necessary.