

Case Number:	CM14-0131373		
Date Assigned:	08/20/2014	Date of Injury:	11/15/2007
Decision Date:	09/25/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/18/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 58 year old male patient who reported an industrial injury on 11/15/2007, seven years ago, attributed to the performance of his usual and customary job tasks. The patient complains of back pain, right shoulder pain, right wrist pain, bilateral knee pain, and right ankle pain. The treatment plan in the past as included wrist surgical intervention and ESI's. The objective findings on examination included right hand flexion 60, extension 20, radial deviation 40, ulnar deviation 30 with severe pain and extension; pain with direct palpation of the TFCC; no pain at the scapholunate; pain with palpation of the fifth CMC joint; diminished range of motion to the lumbar spine; SLR positive at 90; decreased sensation along the L5 dermatome bilaterally. The patient is noted to be status post right TKA. The treating diagnoses included spondylolisthesis; low back pain; pain in joint lower leg; chronic pain syndrome; depression and anxiety. It was noted that the patient was prescribed Percocet for postoperative pain. The treatment plan included Lunesta in a lower dose of oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta: 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): Insomnia treatment.

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.

Decision rationale: The California MTUS and the ACOEM guidelines are silent as to the use of sleeping medications. The prescription for Lunesta is recommended only for the short-term treatment of insomnia for two to six weeks by the ODG. The patient is being prescribed the Lunesta on a routine basis. There is no provided subjective/objective evidence to support the prescription for the use of Lunesta on an industrial basis for this patient for the ongoing prolonged period of time. The patient has exceeded the recommended time period for the use of this short-term sleep aide. There is no medical necessity for the prescription of Lunesta on a nightly basis. There is no rationale to support the #unspecified per month Lunesta for the insomnia associated with chronic pain. The patient has been prescribed a sedative hypnotic for a prolonged period time and has exceeded the time period recommended by evidence-based guidelines. The continued use of Lunesta on a nightly basis is inconsistent with evidence-based medicine and is not effective for the patient leading to dependency issues. There is no recommendation for Lunesta for any sleep disturbance issue or for insomnia. The patient has been prescribed Lunesta for a period of time without any documentation of a failure of the multiple available over-the-counter sleep aids. The patient should be discontinued from the recently prescribed Lunesta in favor of other available remedies that may be obtained over the counter. There needs to be further documentation in the medical record that the insomnia is persistent or related the industrial injury. The patient is prescribed a nest on a nightly basis and not PRN insomnia. There is no demonstrated medical necessity for the use of Lunesta when only short-term treatment is recommended by evidence guidelines. The use of nightly sleeping aids is not medically necessary. The sedative hypnotic is known to lead to issues of dependency and abuse. There is no demonstrated medical necessity for the continuation of Lunesta unspecified. Lunesta is not medically necessary.

Lower dosage of Oxycodone: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone immediate release (OxyIR capsule; Roxicodone tablets; generic available).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-306, Chronic Pain Treatment Guidelines opioids Page(s): 74-97. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 6 pages 114-16; Official Disability Guidelines (ODG) chapter on pain, opioids, criteria for use.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines section on Opioids; Ongoing Management recommends; "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." The medical records provided for review do not contain the details regarding the above guideline recommendations. The opportunity for weaning was provided. There is no objective evidence provided to support the continued prescription of opioid analgesics for the cited diagnoses and effects of the industrial claim. There is no documented sustained functional improvement. There is no medical necessity

for opioids directed to chronic mechanical neck and back pain. The prescription for Oxycodone is being prescribed as opioid analgesics for the treatment of chronic back pain and knee pain s/p TKA against the recommendations of the ACOEM Guidelines. There is no objective evidence provided to support the continued prescription of opioid analgesics for chronic back pain seven (7) years after the initial DOI and for a period of time longer than 6-8 weeks post operatively for TKA. There is no demonstrated medical necessity for the continuation of oxycodone for chronic back or knee pain. The chronic use of Oxycodone is not recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the long-term treatment of chronic pain and is only recommended as a treatment of last resort for intractable pain. The prescription of opiates on a continued long-term basis is inconsistent with the CA MTUS and the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain. The current prescription of opioid analgesics is not consistent with evidence-based guidelines, based on intractable pain. The ACOEM Guidelines updated chapter on chronic pain states, "Opiates for the treatment of mechanical and compressive etiologies: rarely beneficial. Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs (as suggested by the WHO step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (70 days). This leads to a concern about confounding issues; such as, tolerance, opioid-induced hyperalgesia, long-range adverse effects, such as, hypogonadism and/or opioid abuse, and the influence of placebo as a variable for treatment effect. ACOEM guidelines state that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time. The long-term use of opioid medications may be considered in the treatment of chronic musculoskeletal pain, if: The patient has signed an appropriate pain contract; Functional expectations have been agreed to by the clinician and the patient; Pain medications will be provided by one physician only; The patient agrees to use only those medications recommended or agreed to by the clinician. ACOEM also notes, "Pain medications are typically not useful in the subacute and chronic phases and have been shown to be the most important factor impeding recovery of function.