MAXIMUS Federal Services

Case Number:	CM14-0143072		
Date Assigned:	09/10/2014	Date of Injury:	02/09/2003
Decision Date:	10/14/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/04/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 61-year-old male who reported an injury on 02/09/2003. The mechanism of injury was not provided. On 07/15/2014, the injured worker presented with low back and knee pain. The injured worker was status post a fall from the prior week that increased pain in the left hip and lower back. The medications included OxyContin, Oxycodone Hydrochloride, Lunesta, Cymbalta, Senna, Lidoderm Patch, and Docusate Sodium. Upon examination, the injured worker had positive facial pain with shortness of breath and swelling. The injured worker had an unsteady gait and ambulated with a seated walker. There was a loss of flexion and extension at the right knee and ankle with absent deep tendon reflexes at the right patella due to weakness from the lumbar radiculopathy. There was tenderness to palpation of the left hip with no edema present. The diagnoses were unspecified myalgia/myositis, lumbalgia, osteoarthrosis, unspecified thoracic/lumbar pain, pain in the joint and opioid type dependence. The provider recommended Oxycodone, OxyContin, and Eszopiclone; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg Unspecified Quantity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, Page(s): 78..

Decision rationale: The request for Oxycodone 30 mg unspecified quantity is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There was a lack of evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug abuse behaviors, and side effects. The efficacy of the prior use of the medication was not provided. Additionally, the provider did not indicate the quantity or frequency of the medication in the request as submitted. As such, the medical necessity has not been established; therefore, the request for Oxycodone 30mg Unspecified Quantity is not medically necessary.

Oxycontin 40mg Unspecified Quantity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, Page(s): 78..

Decision rationale: The request for OxyContin 40 mg unspecified quantity is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There was a lack of evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug abuse behaviors, and side effects. The efficacy of the prior use of the medication was not provided. Additionally, the provider did not indicate the quantity or frequency of the medication in the request as submitted. As such, the medical necessity has not been established; therefore, the request for Oxycontin 40mg Unspecified Quantity is not medically necessary.

Eszopiclone 3 mg Unspecified Quantity: 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) Pain, Insomnia Treatment.

Decision rationale: The request for Eszopiclone 3 mg unspecified quantity is not medically necessary. The Official Disability Guidelines recommend insomnia treatment based on etiology. The 4 main categories of pharmacologic treatment include: benzodiazepines,

nonbenzodiazepines, melatonin and melatonin receptor agonists, and over the counter medications. The guideline recommendation for Eszopiclone includes 1 to 2 mg for difficulty falling asleep and 2 to 3 mg for sleep maintenance. The drug has a rapid onset of action. There was a lack of documentation indicating the injured worker's insomnia severity, whether there was trouble with sleep onset, maintenance, or quality of sleep or next day functioning. There was a lack of documentation on the efficacy of the prior use of the medication. Additionally, the provider's request did not indicate the quantity or frequency of the medication in the request as submitted. As such, the medical necessity has not been established; therefore, the request for Eszopiclone 3 mg Unspecified Quantity is not medically necessary.