

Case Number:	CM14-0210159		
Date Assigned:	12/23/2014	Date of Injury:	05/10/2000
Decision Date:	03/04/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 64 year old female who suffered a work injury on 05/10/2000. Diagnoses include lumbar spinal stenosis, lumbar disc displacement without myelopathy and lumbar disc disorder. She is status post C5-6 laminectomy/fusion in February 2001, knee surgery in 2000, and again in 2006. A physician progress note dated 11/21/2014 documents the injured worker complains of persistent severe low back pain and pain which radiates down her left leg. Her pain is described as axial in location in her buttocks bilaterally, the left thigh in its entirety of her calves and left ankle. Her pain is not cyclic. She describes it as aching, chronic, consistent with numbness, throbbing and tingling. Her pain is made better with medication and sometimes stretching. Her pain is worse in her back by standing and walking, driving and sitting longer than about 10 minutes. Treatment has included medications, massage therapy, physical therapy, and acupuncture. Lumbar epidural steroid injection typically does not give her long-term reduction. Utilization of TENS Unit was not helpful, and biofeedback did not give her much benefit. Examination reveals the injured worker has an antalgic gait. Lumbar extension is 10 degrees; flexion was measured to be 50 degrees. Left lateral bending was measured to be 15 degrees, right lateral bending was measured to be 15 degrees. Spasm and guarding is noted in the lumbar spine. Treatment requested is 2 OxyContin Sa 80mg tablets every 8 hours, quantity 180, number of refills not specified, for symptoms related to the lumbar spine, and Sonata 10mg, 1 capsule at bedtime as needed for insomnia, quantity 15, number of refills not specified for symptoms related to the lumbar spine. Utilization Review dated 12/09/2014 modifies the request for 2 OxyContin Sa 80mg tablets every 8 hours, quantity 180, number of refills not specified, for

symptom related to the lumbar spine to 1 OxyContin 80mg tablet Sa take 2 tablets every 8 hours quantity 20, number of refills not specified, for symptoms related to the lumbar spine. The injured worker is receiving OxyContin 80mg; two tablets every eight hours or 720 morphine equivalent dosages of opioids daily in the treatment of chronic nonmalignant pain. Current evidence base guidelines generally support the use of up to 120 morphine equivalent dosages of opioids daily in treatment of chronic nonmalignant pain provided that good functional improvement is noted and provided that compliance is ascertained via the use of drug toxicology test and via the use of written drug agreement. Going forward the physician should consider an expeditious titration of the claimant's current opioid medication regimen at the rate of at least 10% a week until no more than 120 morphine equivalent dosages of opioids form all sources are being utilized daily in treatment of chronic nonmalignant pain. Sonata 10mg, 1 capsule at bedtime as needed for insomnia, quantity 15, number of refills not specified for symptoms related to the lumber spine is not supported by current evidence based guidelines when utilized daily on an indefinite basis and the use of sleep inducing medication such as Sonata is not supported when utilized concurrently with opioid medications. Going forward, the physician should consider discontinuing Sonata and it may be slowly weaned and discontinued over a course of 7-10 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Oxycontin 80mg tablets #180, take 2 every 8 hours: 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 Page(s): 75-81.

Decision rationale: According to MTUS guidelines, Oxycodone as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute operative pain. It is not recommended for chronic pain of longterm use as prescribed in this case. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status,appropriate medication use, and side effects. Pain assessment should include: currentpain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side

effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There no clear justification to continue using Oxycontin. There is no documntation of pain or functionnal improvement from previous use of Oxycontin. There is no documentation of breakthrough pain. There is no documentation of continuous compliance of the patient with her medications. There is no documentation of the safety of the used opioids.

Sonata 10mg capsule, 1 at bedtime for insomnia, #15: 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 Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>

Decision rationale: According to ODG guidelines, Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency. Sonata is not recommended for long-term use to treat sleep problems. Furthermore, there is no documentation of the use of non pharmacologic treatment for the patient's sleep issue. There is no documentation and characterization of any recent sleep issues with the patient.