

Case Number:	CM14-0211754		
Date Assigned:	12/24/2014	Date of Injury:	01/25/1996
Decision Date:	02/20/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/16/2014

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabn

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 49-year-old female who reported an injury on 01/25/1996. Her mechanism of injury was not included. Her diagnoses included chronic pain, status post laminectomy/discectomy, lumbosacral radiculopathy, lumbar spine degenerative disc disease, low back pain, depression, facet arthropathy, chronic pain due to trauma, myalgia/myositis. Her past treatments have included epidural steroid injections, CBT therapy. Her diagnostic studies have included urine drug screen and lab work, including CBC, chemistry panel. Her surgical history included laminectomy/discectomy of L4-5 in 1998. The clinical progress note dated 12/16/2014 indicated the injured worker has complained of pain with medications rated at a 7/10, without medications at a 9/10. Physical exam findings indicated tenderness over the paraspinal facet, spinous, gluteals, lumbosacral, piriformis, persist, sciatic notch. Pain over the greater trochanter on the left and positive straight leg on the left. Active range of motion to the lumbar spine was indicated as painful lateral flexion to the right at 10 degrees, left at 10 degrees, rotation right and left 30 degrees, range of motion is full. Extension is measured at 10 degrees, flexion at 55 degrees. Her medications included OxyContin 10 mg, melatonin 3 mg, amitriptyline 10 mg, Cymbalta. The treatment plan included keeping her at her minimum effective dose of opioids as further tapering attempts have failed. CURES is current, as well as her opiate agreement. Urine drug screen was appropriate. The rationale for the request was not included. The Request for Authorization form was not included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 10MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 88.

Decision rationale: The request for OxyContin 10 mg #90 is not medically necessary. The injured worker described a pain level without medication of 9/10, with medications as 7/10, and the average over the last month as a 6/10. With medications, the injured worker states she is able to do simple chores around the house and minimal activities outside of the house 2 days a week. Without medication, the injured worker can only stay in bed at least half the day with no contact with the outside world. The urine drug screen dated 12/16/2014 indicates positive for opiate/morphine and tricyclic antidepressants. The California MTUS Guidelines state the criteria for use of long term users of opioids (6 months or more) include evaluation of the following: has the diagnosis changed; what other medications is the injured worker taking; are they effective, producing side effects; what treatments have been attempted since the use of opioids and have they been effective and for how long; document pain and functional improvement and compare to baseline; document adverse effects. The documentation does indicate the injured worker states that she is able to do simple chores around the house and minimal activities outside of the house 2 days a week with medications. However, there is not a documented objective functional improvement with the use of medication. The injured worker recorded pain interfering with her daily activities over the last month at an 8/10. As such, the request for OxyContin 10 mg #90 is not supported.

Melatonin 3 MG #60: 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), Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Melatonin.

Decision rationale: The California MTUS Guidelines do not address melatonin. The Official Disability Guidelines, however, state melatonin is recommended for delayed sleep phase syndrome and rapid eye movement sleep behavior disorders. Melatonin appears to reduce sleep onset latency to a greater extent in people with delayed sleep phase syndrome than in people with insomnia. The guidelines also state that empirically supported treatment includes stimulus control, progressive muscle relaxation, and paradoxical intention. Suggestions for improved sleep hygiene include waking at the same time every day, maintain a consistent bedtime, exercise regularly, perform relaxing activities before bedtime, keep your bedroom quiet and cool, do not watch the clock, avoid caffeine and nicotine for at least 6 hours before bed, only drink in

moderation, and avoid napping. The documentation submitted for review does not indicate the injured worker has been diagnosed with delayed sleep phase syndrome or rapid eye movement sleep behavior disorders. As such, the request for melatonin is not supported. Therefore, the request is not medically necessary.