

<b>Case Number:</b>	CM14-0215447		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	03/31/2005
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 individual is a 58 y/o male who developed chronic spinal problems subsequent to a motor vehicle accident on 3/31/05. He has been treated with lumbar surgery plus usual and customary conservative care. After the surgery he continued to have a post laminectomy syndrome and a spinal cord stimulator was placed. Due to a lack of benefit the stimulator was recently removed. He has a remote history of long term substance abuse and several prior treating physicians have recommended weaning off of opioids. He signed out AMA from a detox program. A recent AME did not find that opioids were being of much benefit and made the recommendation that they be considered for discontinuation. The treating physician does not document any meaningful functional benefits or quantified pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 100mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids when to Discontinue Page(s): 78-80.

**Decision rationale:** MTUS Guidelines only support long term opioid use when this class of medications results in meaningful pain relief and functional benefits. These standards are not met in this patient. The prescribing physician does not note any functional benefits and several other evaluating physicians have opined that they have not been beneficial for this individual. Under these circumstances the ongoing MS Contin 100mg #120 is not consistent with Guidelines; therefore, this request is not medically necessary.

**Lunesta 3mg #30:** Overturned

**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 and Non-Benzodiazepine Sedative Hypnotics

**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 Medications

**Decision rationale:** MTUS Guidelines do not address the issue of insomnia medications. Official Disability Guidelines (ODG) address this issue in detail and the updated versions do not recommend abrupt discontinuation of insomnia medications without instituting at least 6 weeks of cognitive therapy for sleep. The Guidelines also note that Lunesta has been shown to be effective for 6 months. Furthermore, without the 6 weeks of therapy for insomnia Guidelines do not support discontinuation. Therefore, this request is medically necessary.