

Case Number:	CM14-0219313		
Date Assigned:	01/09/2015	Date of Injury:	05/01/2001
Decision Date:	03/06/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/31/2014

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:

The injured worker is a 41 year old male, who sustained an industrial injury on 5/1/2001. He has reported back pain, subsequently undergoing lumbar microdiscectomy in 2001 resulting in worsened post operative pain, and lumbar disc replacement in 2004 with lumbar fusion L5-S1 in 2007. Treatment to date has included physical therapy, home exercise, muscle relaxer and narcotic. There was documentation of psychological evaluation and cognitive behavioral therapy for treatment of depression and anxiety. July 3, 2014 the evaluation documented with medications, pain improved from 8-10/10 to 5-6/10. Currently in December 2014, the IW complains of sharp, aching, burning, cramping, stabbing pain rated 8-10/10 VAS that was constant. The IW was observed tearful, in distress and grimacing. The evaluation dated 12/15/14 indicated that the previous month was without medications due to non-certification. Activity was documented to be resting or reclined 50-75% of the waking day, able to ambulate independently, and does not leave the home daily. Diagnoses included degenerative facet disease, lumbar post laminectomy syndrome, and chronic pain in lumbar and thoracic region. Plan of care included restarting requested medications due to pain flairs and daily stretching regimen. The prescribing physician documents chronic insomnia due to pain. On 12/19/2014 the Utilization Review granted partial certification for Carisoprodol, noting the medication cannot be abruptly discontinued and allowed QTY # 60 of the original requested #90. The MTUS Guidelines were cited. On 12/19/2014 the Utilization Review granted partial certification for Eszopiclone QTY # 30 of the QTY # 60 requested, noting the FDA approves the use for 25 days, and allowed for weaning of the medication. The Official Disability Guidelines were cited.

On 12/19/2014 the Utilization Review partially certified OxyContin 60 mg tablets QTY # 60 of the originally requested QTY # 90, noting the lack of sufficient documentation. The MTUS Guidelines were cited. On 12/31/2014, the injured worker submitted an application for IMR for review of Carisoprodol 250 mg tablets QTY # 90, and Eszopiolone 1 mg tablets QTY # 60, and Oxycontin 60 mg tablets QTY # 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARISOPRODOL 250MG #30: 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 Carisoprodol Page(s): 29.

Decision rationale: MTUS Guidelines are very specific that this drug is not recommended. There are no unusual circumstances to justify an exception to Guidelines. The Carisoprodol 250mg. #30 is not medically necessary.

ESZOPIOLONE 1MG #45: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, ESZOPIOLONE (Lunesta)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain; Insomnia treatment

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address this issue in detail and the updated versions support the long term use of certain medications for chronic insomnia unless there has been provided 6 weeks of cognitive therapy specifically for insomnia. There is no evidence that qualifying cognitive therapy has been provided. Under these circumstances, the Eszopiolone 1mg #35 is consistent with Guidelines and is medically necessary.

OXYCONTIN 60MG #30: 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): 78-80.

Decision rationale: MTUS Guidelines supports the judicious use of long term opioids when they are not abused and result in specific outcomes such as meaningful pain relief and

quantifiable functional improvements. There is no documented evidence of any measured functional improvements as a result of the long term opioid use. Under these circumstances the continued use of opioids is not consistent with Guidelines. The Oxycontin 60mg. #30 is not medically necessary.