

Case Number:	CM15-0017596		
Date Assigned:	02/05/2015	Date of Injury:	11/08/1985
Decision Date:	03/30/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/29/2015

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:

The injured worker is a 58 year old female, who sustained an industrial injury on 11/08/1985. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include post lumbar laminectomy syndrome, lumbar spinal disc degenerative disease, lumbar radiculopathy, chronic back pain, and hip bursitis. Treatment to date has included above listed surgical procedure, use of a cane, medication regimen, laboratory studies, right and left intraarticular sacroiliac injection with arthrography, bilateral rhomboid trigger point injections, caudal epidural steroid injection, administration of Botulinum Toxin under electromyogram guidance, electromyogram with nerve conduction study, left sacral one transforaminal steroid injection, and computed tomography of the lumbar spine. In a progress note dated 01/08/2015 the treating provider reports low back, right shoulder, and left foot pain and rates the pain a seven on a scale of one to ten with medication and a ten on a scale of one to ten without medication. The treating physician requested OxyContin for long acting pain relief noting pain reduction, Carisoprodol as needed for muscle spasms noting this medication increases the injured worker's function, and Lunesta as needed for insomnia due to chronic pain secondary to industrial injury. On 01/21/2015 Utilization Review modified the requested treatment OxyContin 80mg with a quantity of 252 to OxyContin 80mg with a quantity of 224, non-certified the requested treatments of Carisoprodol 350mg for a quantity of 56 and Lunesta 3mg with a quantity of 25, per 01/08/2015 exam note, noting the California Medical Treatment Utilization Schedule, 2009, Chronic Pain Medical Treatment Guidelines, page 77, pages 64 to

65, page 92, pages 78 to 80, and 124; and Official Disability Guidelines: Pain (updated 12/31/2014), Insomnia Treatment; Mental Illness & Stress, Eszopicolone (Lunesta),

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #56: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASMODICS Page(s): 64, 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29.

Decision rationale: According to MTUS guidelines, a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with muscle spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent documentation that the patient have a benefit from the use of Carisoprodol. There is no evidence of benefit of long term use of Carisoprodol. The request for Carisoprodol 350 mg is not Medically necessary.

Lunesta 3mg #25: 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), Insomnia treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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. Lunesta 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. Therefore, the prescription of Lunesta 3mg is not medically necessary.

Oxycontin 80mg #252: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 92.

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 post operative pain. It is not recommended for chronic pain of long-term 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: current pain; 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 is no clear justification to continue using Oxycontin. There is no documentation of pain or functional improvement from previous use of Oxycontin. There is no documentation of breakthrough pain. In addition, the medication was previously approved as part of a short-term plan that included tapering of opioids after an anticipated bariatric surgery. There is no indication that such surgery has occurred or is due to occur. Therefore, the prescription of Oxycontin 80 mg is not medically necessary at this time.