

Case Number:	CM15-0114928		
Date Assigned:	06/23/2015	Date of Injury:	09/10/2005
Decision Date:	10/07/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/15/2015

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, Alabama, 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 45 year old male who sustained an industrial injury on 09-10-2005. Current diagnoses include radiculopathy-lumbar spine, radiculopathy-cervical, and fibromyalgia-myositis. Report dated 05-22-2015 noted that the injured worker presented with complaints that included neck and arm pain and back and leg pain. The physician noted that there has been little change to the symptoms since last visit. The physician noted that the injured worker's functions declined last month when his Oxycodone was modified to 105 pills per month. It was further noted that he needs at least 4 tablets of Oxycodone per day. The physician stated that the medications help to allow him to function with regard to hygiene, walking, sitting, and caring for his son. Pain level was 8 out of 10 on a visual analog scale (VAS). Physical examination was positive for tenderness in the cervical spine and lumbar spine, positive trigger points in the muscles of the head and neck, decreased range of motion in both the cervical and lumbar spine with pain. Previous diagnostic studies included urine toxicology screening. Previous treatments included medications, surgical interventions, physical therapy, and home exercise program. The injured worker has been prescribed Lunesta and Oxycodone 30mg since at least 12-03-2014. The treatment plan included refilling medications, request to for reconsideration of reduction of pain medications, and continue activities as tolerated. Currently the injured worker is temporally totally disabled. The utilization review dated 06-02-2015, non-certified the request for Lunesta, because long term use is not supported, and modified the request for Oxycodone 30mg, #105 to Oxycodone 30mg, #53 to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30 mg Qty 105: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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. 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 documentation of functional improvement with previous use of high dose of opioids. There is no justification of continuous use of Oxycodone. There is no documentation of compliance of the patient with his medications. Therefore, the prescription of Oxycodone 30mg #105 is not medically necessary.

Lunesta 3 mg Qty 30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic) - Eszopicolone (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Insomnia treatment. <http://www.odg-twc.com/index.html>.

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 mean 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 #30 with 1 refill is not medically necessary.