

Case Number:	CM15-0122006		
Date Assigned:	07/06/2015	Date of Injury:	11/27/1998
Decision Date:	08/04/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/24/2015

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 York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 53-year-old female who sustained an industrial injury on 11/27/1998 resulting in radiating lower back pain and impaired range of motion. The injured worker is diagnosed with sciatica, post laminectomy syndrome, lumbar facet arthropathy, and lumbar degenerative disc disease. Treatment has included L4-L5 fusion; laminectomy; lumbar epidural steroid injections with temporary pain relief; oral and transdermal pain medications from which she has reported 50% pain relief; and TENS unit which reduced muscle spasms and pain level. The injured worker continues to report severe back pain with limited range of motion. The treating physician's plan of care includes Oxycontin 30 mg and Eszopiclone 3 mg. She is presently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Oxycontin 30mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The request for oxycontin is not medically necessary or substantiated in the records.

1 prescription of Eszopiclone 3mg #90 with 4 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines & Mental Illness & Stress Eszopiclone (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to-date: treatment of insomnia.

Decision rationale: Patients with insomnia should receive therapy for any medical or psychiatric illness, substance abuse, or sleep disorder that may cause the problem and be counseled regarding sleep hygiene. After this, cognitive behavioral therapy can be trialed prior to medications. In this injured worker, the sleep pattern, hygiene or level of insomnia is not addressed. There is also no documentation of a discussion of efficacy or side effects. The documentation does not support the request for eszopiclone and is not medically necessary.