

<b>Case Number:</b>	CM15-0139063		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	08/04/1993
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: 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 59 year old male who sustained an industrial injury on 08-04-1993. According to the most recent progress report submitted for review and dated 06-24-2015, the injured worker was seen in follow up of his low back pain, neck pain and left knee pain. He was working hard toward his weight loss goals. He walked 4 days a week for 40 minutes to an hour and was getting stronger, had more mobility in his back and felt more secure when he walked. He felt like he was less of a fall risk. He still had daily low back pain which was worse with walking and activity. He also reported left knee pain, clicking and swelling, neck pain and shoulder pain. The injured worker reported that he was successful in tapering down his Oxycodone to #390 last month. He reported that it was difficult and that he felt the difference. He was able to get used to the decrease after a few weeks. In addition, he took Diazepam and Lunesta. Testosterone levels were still low at 114, but he had "only been on it" for about 2 months and not consistently. He also had issues with falling asleep and staying asleep. He took a "sleep aid" which helped. Diagnoses included postlaminectomy syndrome lumbar region, pain in joint other specified sits, cervicgia, intervertebral disc disorder myelopathy, degenerative cervical intervertebral disc, postlaminectomy syndrome cervical region, lumbago, crepitus of joint of left knee, low testosterone, insomnia and knee pain chronic. The treatment plan included continuation of Lunesta, Diazepam, Qsymia, Fortesta, Oxycodone and Opana ER, repeat Testosterone in 3 weeks, request x-rays of the left knee and orthopedic brace. He was to follow up in 4 weeks. On 07-07-2015, Utilization Review non-certified the request for Qsymia 15-92 mg quantity 30, Lunesta 3 mg quantity 30, Opana 40 mg quantity 180, Oxycodone 15 mg

quantity 450 and Omeprazole 20 mg quantity 30 and authorized the request for Ibuprofen, Fortesta, x-ray of the left knee, knee brace and Testosterone labs. Documentation shows use of Fortesta dating back to 03-04-2015 and use of Qsymia, Lunesta, Opana, Oxycodone and Omeprazole dating back to 12-10-2014. Urine drug toxicology reports were not submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Qsymia 15/92 mg Qty 30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pharmacologic and surgical management of obesity in primary care, American College of Physicians.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

**Decision rationale:** Phentermine hydrochloride tablets are indicated only as short-term (a few weeks) monotherapy for the management of exogenous obesity. The MTUS and Official Disability Guidelines are silent in regard to phentermine. The MTUS states that the authorized treatment and diagnostic services in the initial management and subsequent treatment for presenting complaints shall be in accordance with scientific and evidence-based medical treatment guidelines that are nationally recognized by the medical community pursuant to section 9792.25(b). The drug is not used for any work-related condition; accordingly, it is not listed in the Guidelines. In addition, the medical record fails to document the rationale for prescribing the medication or how the medication relates to the injury. Qsymia 15/92 mg Qty 30 is not medically necessary.

#### **Lunesta 3 mg Qty 30: 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 - Eszopicolone (Lunesta).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Insomnia treatment.

**Decision rationale:** The Official Disability Guidelines do not recommend the long-term use of any class of sleep aid. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. The patient has been taking Lunesta longer than the maximum recommended time of 4 weeks. Lunesta 3 mg Qty 30 is not medically necessary.

#### **Opana 40 mg Qty 180: 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 for chronic pain.

**Decision rationale:** The MTUS recommends Opana for moderate to moderately severe pain. Opioids for chronic pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear, but also appears limited. If the patient does not respond to a time limited course of opioids it is suggested that an alternate therapy be considered. For the on-going management of opioids there should be documentation of pain relief, functional improvement, appropriate use and side effects. Opana 40 mg Qty 180 is not medically necessary.

**Oxycodone 15 mg Qty 450:** 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 for chronic pain.

**Decision rationale:** According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no documentation of the above criteria for either of the narcotics that the patient has been taking. Oxycodone 15 mg Qty 450 is not medically necessary.

**Omeprazole 20 mg Qty 30:** 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): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Omeprazole 20 mg Qty 30 is not medically necessary.