

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0172854 | | |
| Date Assigned: | 09/22/2015 | Date of Injury: | 01/17/2007 |
| Decision Date: | 10/26/2015 | UR Denial Date: | 08/27/2015 |
| Priority: | Standard | Application Received: | 09/02/2015 |

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: Emergency 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 57 year old male, who sustained an industrial injury on 01-17-2007. He has reported subsequent low back and shoulder pain and was diagnosed with lumbar facet syndrome and shoulder pain. MRI of the lumbar spine dated 09-29-2011 showed broad-based right L3-L4 foraminal disc protrusion without impingement and small foraminal protrusion on the right at L4-L5 without neural impingement. MRI of the right shoulder dated 05-19-2009 showed focal supraspinatus with undersurface partial tearing and biceps tendinosis with tearing of the biceps anchor. Treatment to date has included oral pain medication, lumbar epidural steroid injections, right shoulder injections, and a home exercise program. Documentation shows that Lunesta was prescribed since at least 12-19-2014 and Norco was discontinued and Oxycodone was started on 03-13-2015. In a progress note dated 08-21-2015, the injured worker reported low back and bilateral shoulder pain that had decreased since the last visit. Pain was rated as 8 out of 10 without medications and 5 out of 10 with medications. Quality of sleep was noted to be poor but the injured worker reported that medications were working well. The injured worker noted that with Lunesta he can have 4-5 hours of continuous sleep and that without the medication he would have 1-2 hours of fragmented sleep. The injured worker noted that with Oxycodone he obtained pain relief and was able to perform activities of daily living with less pain. Objective examination findings showed restricted range of motion of the lumbar spine and bilateral shoulders, spasm, tenderness and tight muscle band of the bilateral paravertebral muscles of the lumbar spine and positive Patellar grind and McMurray's tests of the left knee. The injured worker was noted to be off work. A request for authorization of Oxycodone 15 mg

#180 and Lunesta 3 mg #30 was submitted. As per the 08-27-2015 utilization review, the requests for Oxycodone and Lunesta were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The requested Oxycodone 15mg #180, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures; and Opioid Dosing, Page 86, note "In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents." The injured worker has low back and bilateral shoulder pain that had decreased since the last visit. Pain was rated as 8 out of 10 without medications and 5 out of 10 with medications. Quality of sleep was noted to be poor but the injured worker reported that medications were working well. The injured worker noted that with Lunesta he can have 4-5 hours of continuous sleep and that without the medication he would have 1-2 hours of fragmented sleep. The injured worker noted that with Oxycodone he obtained pain relief and was able to perform activities of daily living with less pain. Objective examination findings showed restricted range of motion of the lumbar spine and bilateral shoulders, spasm, tenderness and tight muscle band of the bilateral paravertebral muscles of the lumbar spine and positive Patellar grind and McMurray's tests of the left knee. It is guideline supported to limit the continuance of this opiate to a one-month period pending: documentation of objective evidence of continued derived functional improvement; a current urine drug screen result; treating physician commentary on to attempts to wean the total opiate load towards the recommend daily maximum opiate dosage. The criteria noted above not having been met, Oxycodone 15mg #180 is not medically necessary.

Lunesta 3mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The requested Lunesta 3mg #30, is medically necessary. CA MTUS is silent and ODG - Pain, Eszopicolone (Lunesta), Insomnia treatment, noted that it is "Not

recommended for long-term use"; and "Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness." The injured worker has low back and bilateral shoulder pain that had decreased since the last visit. Pain was rated as 8 out of 10 without medications and 5 out of 10 with medications. Quality of sleep was noted to be poor but the injured worker reported that medications were working well. The injured worker noted that with Lunesta he can have 4-5 hours of continuous sleep and that without the medication he would have 1-2 hours of fragmented sleep. The injured worker noted that with Oxycodone he obtained pain relief and was able to perform activities of daily living with less pain. Objective examination findings showed restricted range of motion of the lumbar spine and bilateral shoulders, spasm, tenderness and tight muscle band of the bilateral paravertebral muscles of the lumbar spine and positive Patellar grind and McMurray's tests of the left knee. The treating physician has documented functional improvement from its use. The criteria noted above having been met, Lunesta 3mg #30 is medically necessary.