

Case Number:	CM15-0174541		
Date Assigned:	09/16/2015	Date of Injury:	08/09/2000
Decision Date:	10/23/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/04/2015

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: Physical Medicine & Rehabilitation

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 female who sustained an industrial injury on 8-9-2000. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include failed back surgery syndrome, right sacroiliac joint pain, and status post lumbar spine surgery. Treatments to date include activity modification, medication therapy, physical therapy, and steroid injections. The medical records documented NSAID intolerance due to hypertension. Currently, she complained of low back pain with increased muscle spasms and right hip pain. Pain levels in previous visits were noted as 9 out of 10 VAS. The provider documented some improvement in pain with approval of medication. Current medications listed included Oxycodone IR, Tylenol, and Lunesta. Oxycodone was noted to decreased pain levels from 8-9 out of 10 VAS to 3 out of 10 VAS. Sleep was noted to be poor, interrupted and less than six hours without Lunesta. The records documented increased functional ability with medication use. On 7-21-15, the physical examination documented lumbar pain with range of motion and tenderness of the right sacroiliac joint. The appeal requested authorization of prescriptions for Oxycodone 5mg tablets #60 and Lunesta 3mg tablets #15. The Utilization Review dated 8-26-15, modified the request to allow Oxycodone 5mg tablets #30 and Lunesta 3mg tablets #7 "to allow for obtaining a current urine drug screen and-or for weaning purposes." per California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tablets of Oxycodone Immediate Release 5mg: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents with lower back and right hip pain. The request is for 60 TABLETS OF OXYCODONE IMMEDIATE RELEASE 5MG. The request for authorization is not provided. Physical examination reveals tender lumbar spine. Lumbar pain with extension and rotation right greater than left. Tender right sacroiliac joint and greater trochanter. Hip pain and stiffness with flexion. Has had physical therapy without relief, steroid injection do not provide relief, PCP has contraindicated NSAIDs due to the patient's blood pressure, uses heat and ice for additional relief, exercises on regular basis. Oxycodone reduces her pain from an 8-9/10 to a 3/10. All medications are well tolerated. Has never shown signs of aberrant behavior. With medication: She can cook dinner 5 out of 7 nights per week, rides exercise bike 3-4 days per week for 20 min twice per day, walk 30-40 min several days a week as well as taking care of household and performing ADLs. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." The patient has been prescribed Oxycodone since at least 01/26/15. MTUS requires appropriate discussion of the 4A's, and treater does discuss how Oxycodone significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is discussed, specifically showing significant pain reduction with use of Oxycodone. No validated instrument is used to show functional improvement. There are discussions regarding adverse effects and aberrant drug behavior. No UDS, CURES or opioid contract. In this case, treater has provided most but not all of the 4A's as required by MTUS. Therefore, the request IS NOT medically necessary.

15 Tablets of Lunesta 3mg: 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), Mental Illness and Stress Chapter, 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) Mental Illness & Stress Chapter, under Eszopiclone (Lunesta).

Decision rationale: The patient presents with lower back and right hip pain. The request is for 15 TABLETS OF LUNESTA 3MG. The request for authorization is not provided. Physical examination reveals tender lumbar spine. Lumbar pain with extension and rotation right greater than left. Tender right sacroiliac joint and greater trochanter. Hip pain and stiffness with flexion. Has had physical therapy without relief, steroid injection do not provide relief, PCP has contraindicated NSAIDs due to the patient's blood pressure, uses heat and ice for additional relief, exercises on regular basis. Oxycodone reduces her pain from an 8-9/10 to a 3/10. All medications are well tolerated. Has never shown signs of aberrant behavior. With medication: She can cook dinner 5 out of 7 nights per week, rides exercise bike 3-4 days per week for 20 min twice per day, walk 30-40 min several days a week as well as taking care of household and performing ADLs. ODG Guidelines, Mental Illness & Stress Chapter, under Eszopiclone (Lunesta) Section states, "Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. The FDA has lowered the recommended starting dose of eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women." Per progress report dated 07/21/15, treater's reason for the request is "Sleep is poor, interrupted and less than 6 hours without." ODG limits the use of this medication to "three weeks maximum in the first two months of injury." The patient has been prescribed Lunesta at least since 01/26/15. The request for additional 15 Tablets of Lunesta would exceed ODG recommendation and does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.