

<b>Case Number:</b>	CM15-0042319		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	01/24/2003
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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, Hawaii  
 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 39 year old male injured worker suffered an industrial injury on 1/27/2003. The diagnoses were lumbar degenerative disc disease, lumbar radiculopathy, post lumbar laminectomy syndrome and lumbago. The treatments were medications. The treating provider reported pain in the lower back radiating to the bilateral legs and had increased that is constant and burning with numbness and tingling. On exam there were spasms along the lumbar spine with positive straight leg raise. The requested treatments were: 1. Oxycodone HCL 15mg #1802. Lunesta 2mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone HCL 15mg #132:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
 Page(s): 74-96.

**Decision rationale:** The patient has ongoing low back pain with associated bilateral leg pain and numbness. The current request is for Oxycodone HCL 15mg #132 between 12/7/14 and 4/6/15. The attending physician states that the patient is "in the maintenance phase for ongoing opiate use following successful initial therapeutic trial in the past and at this time continuing opioid treatment is ongoing with regular reviews of efficacy and safety." According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The 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 for documentation of the clinical use of these controlled drugs. In this case, the attending physician report dated 12/17/14 notes that the patients medications reduce pain levels with minimal side effects. It is noted that with the reduction of pain, the patient has improved function and is able to do more in an outside of the house such as basic ADLs, including cooking, cleaning, shopping, etc., and with increased tolerance for such activities. The records also indicate that the patient is being monitored for the 4A's (analgesia, ADLs, adverse side effects or aberrant drug taking behaviors. Records indicate no adverse side effects or aberrant drug taking behavior. Therefore, the request is medically necessary.

**Lunesta 2mg #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 (ODG), Pain (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Chapter, Lunesta (eszopiclone).

**Decision rationale:** The patient has ongoing low back pain with associated bilateral leg pain and numbness. The current request is for Lunesta 2mg #30 12/17/14 and 4/6/15. CA MTUS does not address Lunesta. The ODG does not recommended for long-term use, but recommended for short-term use. In this case, records indicate continued use of this medication but only in amounts that allows acute intervals of use. 30 tabs were prescribed over a period of 4 months. Therefore, the request is medically necessary.