MAXIMUS Federal Services

Case Number:	CM15-0063960		
Date Assigned:	04/09/2015	Date of Injury:	06/15/1995
Decision Date:	05/14/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/03/2015

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 68-year-old male who sustained an industrial injury on 6/15/95. The injured worker reported symptoms in the spine. The injured worker was diagnosed as having degenerative disc disease cervical spine and degenerative disc disease lumbar spine. Treatments to date have included oral pain medication. Currently, the injured worker complains of pain in the cervical spine and lumbar spine. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2mg 1 tablet po at bedtime prn for insomnia #30 refills: 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers' Compensation, Online edition Chapter: Pain Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Mental & Stress Chapter, Eszopicolone (Lunesta) Pain chapter, Insomnia treatment.

Decision rationale: The patient presents with pain ad weakness in his neck, lower back, and lower extremity. The request is for LUNESTA 2MG #30 WITH 3 REFILLS. Per 03/19/15 progress report, the patient is currently taking Vicodin, Lunesta, Losartan, Cipro and Doxazosin. Per 08/22/14 progress report, patient reports no benefit with Ambien and made him feel depressed while using the medication. Requesting another sleep medication, The patient was on Lunesta for 5 years before transferring care to our office. Regarding work statue, the treater states that the patient remains P&S. ODG-TWC, Mental & Stress Chapter states: "Eszopicolone (Lunesta): 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." In this case, the patient had utilized Lunesta over 5 years prior to 2014 and restarted this medication between 08/22/14 and 11/21/14. The ODG guidelines do not recommend long-term use of this medication. The current request for #30 with 3 refills does not indicate intended short-term use. Therefore, the request IS NOT medically necessary.

Vicodin 5/300 1 tablet po tid prn for severe pain #90 refills: 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-90.

Decision rationale: The patient presents with pain ad weakness in his neck, lower back, and lower extremity. The request is for VICODIN 5/300MG #90 WITH 2 REFILLS. Per 03/19/15 progress report, the patient is currently taking Vicodin, Lunesta, Losartan, Cipro and Doxazosin. Has improvement with ADLs and DECR in pain CURES report clean. Reviewed today. Per 08/22/14 progress report, Vicodin 5/300mg which reduces his pain by 90% and enables him to function. With meds able to help around house, grocery shop. The patient has been utilizing Vicodin since at least 08/22/14. Regarding work statue, the treater states that the patient remains P&S. MTUS Guidelines 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 page 78 also requires documentation of the 4 A's 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 guidelines page 90 states that Hydrocodone has a recommended maximum dose of 60mg/24 hours. In this case, although the treater discusses CURES report and analgesia, the treater does not discuss all 4 A's as required by MTUS guidelines. The treater provides a general statement indicating that has improvement with ADLs and DECR in pain. However, no specific ADL changes are noted showing significant improvement. No before and after pain scales are provided. No outcome measures are provided as required by MTUS. The treater does not address urine drug screening either. General statements showing that the requirements are met are inadequate. The actual documentations of the four A's must be provided. Therefore, the request IS NOT medically necessary.