

Case Number:	CM15-0075902		
Date Assigned:	04/27/2015	Date of Injury:	10/21/2007
Decision Date:	05/27/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/21/2015

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:

This 52 year old male sustained an industrial injury to the neck and back on 10/21/07. Previous treatment included magnetic resonance imaging, cervical fusion, physical therapy, home exercise and medications. In the most recent pain management re-evaluation submitted for review, dated 2/23/15, the injured worker complained of neck pain, rated 6/10 on the visual analog scale, with radiation to bilateral upper extremities, ongoing moderate, daily headaches and insomnia. Current diagnoses included cervical spine degenerative disc disease, status post cervical fusion, lumbar spine radiculopathy, headaches, insomnia, chronic pain and history of failed cervical spine surgery. The treatment plan included laboratory studies (urine drug screen), continuing home exercise and medications (Fioricet, Flexeril, MS Contin, Norco, Lunesta, Tizanidine, Amlodipine, Aspirin, Glipizide, Januvia, Lantus, Lisinopril, Metoprolol and Pravastin). Urine Drug Screen done on 2/23/15 was appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laboratory Study Requests: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus Encyclopedia.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: Review of records show that requested "Laboratory Study Request" is for Urine Drug Screening. This review will only assess the medical necessity of that test. If another laboratory test was requested, it was not found on provided documentation and this review will automatically be considered not medically necessary. As per MTUS chronic pain guidelines, urine drug testing may be considered part of opioid therapy monitoring to determine compliance and abuse. Provided documentation states that patient has a urine drug screen dated 2/23/15 and request for another was done in 3/2015. It is no clear why another urine drug screen needs to be done so soon on a patient that the provider has documented as low risk for abuse. Laboratory study is not medically necessary.

Morphine Sulfate Contin 30mg quantity 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine Sulfate.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: MS Contin is an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Patient has extensive history of being on opioids. Provider has documented appropriate monitoring of abuse and side effects with appropriate urine drug screen and risk assessment. Patient has noted decrease in pain from 10/10 to 6/10 with medication along with documentation of some moderate benefit in activity of daily living. Documentation has stated that multiple attempts to wean patient off current dosing of opioids has failed. Pt shows persistent moderate benefit from current therapy. As per MTUS guidelines, pt with current stable therapy can be continued on opioid therapy with appropriate monitoring. Continued opioid therapy with Morphine Sulfate Contin is medically necessary.

Eszopiclone 3mg quantity 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, Pain Chapter, Eszopiclone (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 and Stress, Insomnia Treatment.

Decision rationale: Eszopiclone is a sleep medication. There are no appropriate sections in the MTUS Chronic pain or ACOEM guidelines concerning this topic. As per ODG guidelines, it recommends treatment of underlying cause of sleep disturbance and recommend short course of

treatment. Patient has been on this medication for at least 2 months. The additional prescription will lead to chronic dependency on this medication and is not recommended as per guidelines. Eszopiclone is not medically necessary.