

<b>Case Number:</b>	CM15-0091615		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	07/07/1998
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 68 year old male, who sustained an industrial injury on 7/7/1998. Diagnoses have included post lumbar laminectomy syndrome, spinal/lumbar degenerative disc disease and lumbar spondylosis. Treatment to date has included lumbar surgery and medication. According to the progress report dated 4/13/2015, the injured worker complained of low backache. He rated his pain with medications as 1/10. He rated his pain without medications as 8/10. Quality of sleep was poor, averaging 4-6 hours per night. With Lunesta, he reported being able to sleep 7-8 hours per night. The injured worker had a slow, antalgic gait; he used a cane. Exam of the lumbar spine revealed restricted range of motion. Lumbar facet loading was positive on both sides. Authorization was requested for Lunesta and Oxycontin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 3 mg Qty 25 with 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress, Insomnia.

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

**Decision rationale:** Regarding the request for Lunesta, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there are no subjective complaints of insomnia, no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, and no statement indicating what behavioral treatments have been attempted for the condition of insomnia. Finally, there is no indication that Lunesta is being used for short-term use as recommended by guidelines. In the absence of such documentation, the currently requested Lunesta is not medically necessary.

**Oxycontin 30 mg Qty 60 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Oxycontin (Oxycodone ER), California Pain Medical Treatment Guidelines state that Oxycontin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function (in terms of specific examples of objective functional improvement), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but fortunately, the last reviewer modified the current request to allow tapering. In light of the above issues, the currently requested Oxycontin (Oxycodone ER) is not medically necessary.