MAXIMUS Federal Services

Case Number:	CM15-0097991		
Date Assigned:	05/29/2015	Date of Injury:	11/05/2004
Decision Date:	07/01/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/20/2015

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: Texas, California
Certification(s)/Specialty: Family Practice

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 is a 32 year old female patient, who sustained an industrial injury on November 5, 2004. The diagnoses include disc bulges at lumbar 4-lumbar 5 and lumbar 5-sacral 1, musculo-ligamentous sprain of the lumbar spine with right lower extremity radiculitis, tailbone contusion, and status post laminectomy and discectomy at lumbar 5-sacral 1. Per the doctor's note dated March 9, 2015, she had complains of low back pain radiating into the right buttock and right leg. Associated symptoms include numbness and tingling into the right side. Her pain is rated 7/10. She is not currently working. The physical exam revealed tenderness over the right posterior superior iliac spine. The medications list includes ibuprofen, omeprazole, methocarbamol, zolpidem, APAP/codeine, hydrocodone and tramadol. She has undergone lumbar surgery. Diagnostic studies were not included in the provided medical records. She has had injections for this injury. The treatment plan includes continuing her current medications including APAP/Codeine, Hydrocodone/APAP, and Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

APAP/Codeine 300/30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page 76-80.

Decision rationale: Request-APAP/Codeine 300/30mg #30. Tylenol #4 contains acetaminophen and codeine. Codeine is an opioid analgesic. According to CA MTUS guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control was not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. A recent urine drug screen report is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of APAP/Codeine 300/30mg #30 is not established for this patient.

Hydrocodone/APAP 5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page 76-80.

Decision rationale: Request-Hydrocodone/APAP 5/325mg #30. Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the

presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. A recent urine drug screen report is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Hydrocodone/APAP 5/325mg #30 is not established for this patient.

Lunesta 3mg, #90 with 4 refills: 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), Pain, 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) Chapter: Pain (updated 06/15/15) Insomnia treatment.

Decision rationale: Request-Lunesta 3mg, #90 with 4 refills. CA MTUS does not address this request. Eszopicolone (Lunesta) is a benzodiazepine-receptor agonist (Non-Benzodiazepine sedative-hypnotics) FDA approved for use of treatment of insomnia. It is a controlled substance. Per the ODG guideline regarding insomnia treatment "Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. (Lexi-Comp, 2008) Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." A detailed history of insomnia is not specified in the records provided. Any trial of other measures for treatment of the patient's insomnia symptoms, like the use of tricyclic antidepressants, prior to the use of Lunesta, is not specified in the records provided. A detailed evaluation for psychiatric or medical illness that may be causing the insomnia, is not specified in the records provided. Lunesta is a controlled substance. The rationale for prescribing the daily use of Lunesta for a prolonged period of time (along with 4 refills), is not specified in the records provided. The medical necessity of Lunesta 3mg, #90 with 4 refills, is not fully established in this patient.