

Case Number:	CM14-0009177		
Date Assigned:	01/31/2014	Date of Injury:	07/09/1997
Decision Date:	06/17/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/06/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 48 year old female who reported an injury on 07/09/1997. The mechanism of injury was not provided in the documentation submitted. The clinical note dated 12/23/2013 reported the patient complained of neck and back pain which radiated from the low back to both legs. The patient reported the pain increased since the prior visit; quality of sleep was fair; had not tried any other therapies for pain relief. Prescribed medication includes Lidoderm patch, valium, Oxycodone, Norco, and Sonata. The physical exam noted range of motion in the cervical spine was restricted with flexion and extension to 30 degrees; tenderness at the paracervical muscles and trapezius; range of motion restriction to the lumbar spine, with negative lumbar facet loading on both sides.; and negative straight leg raise. The injured worker underwent a urine drug screen on 05/15/2013. The provider recommended hydrocodone/APAP (Norco) 10/325 #120 and Sonata (Zaleplon) 10 mg #30. The request for authorization was provided and dated 12/26/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP (NORCO) 10/325MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-79.

Decision rationale: California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS guidelines also recommend the use of a urine drug screen and the need for a pain assessment. Based on the medical records provided for review there are complaints of neck and back pain radiating from the low back to both legs. It was noted that pain had increased since the prior visit and that the patient's quality of sleep was fair. It was further noted that the patient had not tried any other therapies for pain relief. The treating physician prescribed Lidoderm patch, Valium, Oxycodone, Norco, and Sonata. The provider did not provide an adequate pain assessment and documentation of the efficacy of the requested medication. Therefore, the request for Hydrocodone/APAP (Norco) 10/325mg #120 is not medically necessary and appropriate.

SONATA (ZALEPON) 10MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22, 67-68.

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

Decision rationale: The request for Sonata (Zalepon) 10 mg # 30 is non-certified. The injured worker complained of neck and back pain radiated from low back to both legs. The injured worker reported the pain had increased since the last visit. The injured worker noted her quality of sleep was fair. The injured worker noted she had not tried any other therapies for pain relief. The injured worker was prescribed Lidoderm patch, valium, oxycodone, Norco, and Sonata. The Official Disability Guidelines recommend that treatment be based on the etiology. The guidelines also note pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. The guidelines also note the failure of sleep disturbance to resolve in a 7-10 day period may indicate a psychiatric and or medical illness. There is a lack of clinical documentation indicating the injured worker to have had an evaluation of other potential causes of sleep disturbances. The efficacy of the medication was unclear. Additionally, the injured worker has been utilizing the medication for an extended period of time, which would exceed the guideline recommendations. Therefore, the request for Sonata (Zalepon) 10 mg # 30 is not medically necessary and appropriate.