

Case Number:	CM14-0038663		
Date Assigned:	06/27/2014	Date of Injury:	01/17/2007
Decision Date:	08/06/2015	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/02/2014

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. 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 55 year old male who sustained an industrial injury on 01/07/07. Initial complaints and diagnoses are not available. Treatments to date include medications, shoulder surgery, epidural steroid injections, and physical therapy. Diagnostic studies include multiple MRIs of the lumbar spine, x-rays, a MRI of the right shoulder, and electrodiagnostic studies. Current complaints include bilateral shoulder pain. Current diagnoses include shoulder pain and lumbar facet syndrome. In a progress note dated 03/19/14 the treating provider reports the plan of care as continued home exercise program, and medications including ibuprofen, Norco, and Lunesta. The requested treatments include Norco and Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury of 2007 without acute flare, new injury, or progressive deterioration. The Norco 10/325mg is not medically necessary and appropriate.

Lunesta 3mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness and Stress (updated 11/18/13) - Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia Treatment, pages 535-536.

Decision rationale: Hypnotics are not included among the multiple medications noted to be optional adjuvant medications, per the Official Disability Guidelines (ODG), Pain. Additionally, Lunesta is a non-benzodiazepine-like, Schedule IV controlled substance. Long-term use is not recommended as efficacy is unproven with a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic and anxiolytic. Chronic use is the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Submitted documents have not demonstrated any specific functional improvement including pain relief with decreased pharmacological profile, decreased medical utilization, increased ADLs and work function, or quantified hours of sleep as a result from treatment rendered for this chronic injury of 2007. The reports have not identified any specific clinical findings or confirmed diagnoses of sleep disorders nor is there any noted failed trial of behavioral interventions or proper sleep hygiene regimen to support its continued use. The Lunesta 3mg is not medically necessary and appropriate.