

Case Number:	CM13-0002417		
Date Assigned:	12/18/2013	Date of Injury:	01/01/1996
Decision Date:	02/27/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine 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 physician 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:

██████████ is a 62 year old woman who developed work related injury on February 1 1996. The patient was complaining of chronic and severe back pain with coccydynia. She suffered a lumbar post laminectomy syndrome. Pain medications offered some relief. She also was reported to have depression and sleep problems. The patient was treated with spinal cord stimulator, morphine, Lidoderm neurentin, Percocet, Norco and medicinal Marijuana. Physical examination showed tenderness in the cervical and lumbar paraspinal muscles with reduction of range of motion in the lumbar area. Straight leg raise test was positive bilaterally. She also has tenderness on palpation of the left greater trochanteric region. The provider is requested authorization to use Norco, Prilosec, MScontin and Lidoderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long term Users of Opioids Page(s): 88-89.

Decision rationale: According to MTUS guidelines, for long term use of opioids, it is necessary to reassess for any diagnosis change, efficacy of the medication, functional improvement, and documentation of adverse reactions, need for psy evaluation, and any abuse. In this case, there's a lack of objective documentation of functional improvement with continuous opioids use. The patient pain severity did not change with continuous use of Norco. Therefore, the prescription of Norco 10/325mg #180 is not medically necessary.

. Prilosec 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to MTUS guidelines, Prilosec is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events.

MS Contin 60mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long term Users of Opioids Page(s): 88-89.

Decision rationale: According to MTUS guidelines, for long term use of opioids, it is necessary to reassess for any diagnosis change, efficacy of the medication, functional improvement, and documentation of adverse reactions, need for psy evaluation, and any abuse. In this case, there a lack of objective documentation of functional improvement with continuous opioids use. The patient pain severity did not change with continuous use of MSContin. Therefore, the prescription of MSContin 60mg #60 is not medically necessary.

Sonata 10mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Barbera, J. and C. Shapiro (2005). "Benefit-risk assessment of zaleplon in the treatment of insomnia." Drug Saf 28(4): 301-318

Decision rationale: MTUS guidelines are silent regarding the use of Sonata as well as other non-benzodiazepine sedative drugs. A review of the literature suggested that Sonata is indicated for short term use (7-10 days) in insomnia. According to the patient file, although there is a report of sleep problem, there is no documentation of insomnia. Furthermore, her sleep problem could be secondary to her pain problem and this should be addressed. Therefore the prescription of Sonata 10 mg # 60 is not medically necessary.