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| Case Number: | CM13-0019645 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 03/08/1995 |
| Decision Date: | 06/03/2014 | UR Denial Date: | 08/26/2013 |
| Priority: | Standard | Application Received: | 09/03/2013 |

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 Internal 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 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 has been treated since March 1995 for low back pain, with lumbosacral fusion in 2011, thoraco-sacral fusion in 2012, revision of arthrodesis and multilevel fusion in April 2013 and currently for post-laminectomy syndrome. He has received psychological evaluation, physical therapy, brace, aquatic therapy and cognitive behavioral therapy. Records first report hydrocodone in June 2012. Norco 10/325 4 times daily is reported September and December 2012 and February and December 2013. Drug testing in June and September 2012 was negative for opioids, explained by Norco prescribed and taken 4 times daily but only 80 pills provided per month, resulting in a monthly 10-day drug holiday prior to follow-up appointment. Flurazepam 30 mg is first reported, refilled, December 2012. In March 2013 flurazepam was discontinued and Ambien 10 mg daily started as needed for insomnia. In February 2013 lorazepam was prescribed for insomnia. Other medications reported are Soma (September 2012, February and December 2013; dose when stated is 350 mg 3 times daily) and gabapentin in 2011, discontinued due to paradoxical effect. No further medication history is provided. On evaluation December 10, 2013, medications were Norco 10/325, 4 times daily, Soma, regimen not stated, and flurazepam 30 mg, frequency not stated. Pain was 8/10 with bilateral lower extremity radiation. Radicular symptoms were chronic. Physical exam showed reduced range of motion, thoracic and lumbar intervertebral space tenderness, preserved lower extremity motor function, intact heel and toe stance and reduced lower extremity sensitivity to cold. Gait was limited to 300 feet or less; gait instability was chronic and unchanged.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG, 120 COUNT WITH FIVE REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Chapter Page(s): 78-80.

Decision rationale: The Chronic Pain Medical Treatment Guidelines for ongoing management of opioids recommend: [1] The lowest dose possible to improve pain and function [2] Ongoing review of pain relief, functional status, appropriate medical use and side effects. Pain assessment should include: current pain, least, average, intensity after taking, how long it takes and how long relief lasts. The 4 as for monitoring include: analgesia (is the pain relieved?), Activities of living, physical and psychosocial functioning (are they improved?), Adverse effects (are there side effects?), and aberrant [or non-aberrant] behavior (is there evidence of or potential for abuse?). The Chronic Pain Medical Treatment Guidelines recommends discontinuation if there is no overall functional improvement, measured by ongoing functional assessments including daily and work activities. Weaning should be considered if there is no improvement in pain or function. Ongoing review of pain relief, functional status, appropriate medical use and side effects is not found in this patient record. Further, since this patient spent ten days monthly without medication from June to September 2012, resuming four times daily dosing when medication was again available, examination and review of pain relief and functional status during that time occurred while the patient was not medicated. It would not have been possible to assess the lowest dose possible to improve pain and function, or to rely on office assessment of opioid effect on pain relief or functional improvement. Therefore, the request for Norco 10/325 mg, 120 count with five refills, is not medically necessary or appropriate.

RESTORIL 30 MG, THIRTY COUNT WITH FIVE REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: ODG guidelines state that chronic insomnia is generally defined as lasting more than one month. This condition may be correlated with other intrinsic sleep disorders, primary insomnia, or chronic medical conditions. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a seven to ten day period may indicate a psychiatric and/or medical illness. (Lexi-Comp, 2008). Final Determination Letter for IMR Case Number CM13-0019645 4 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. The majority of studies have only evaluated short-term treatment (i.e., approximately 4 weeks) of insomnia; therefore more studies are necessary to evaluate the

efficacy and safety of treatments for long-term treatment of insomnia. Benzodiazepine-receptor agonists are first-line medications for insomnia (Ramakrishnan, 2007) (Halas, 2006) (Buscemi, 2007) (Morin, 2007) (Erman, 2005). Tolerance may develop and rebound insomnia has been found after discontinuation. Eszopicolone (Lunesta®) is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. Records do not provide a clear report of duration or consistency of insomnia treatment, or of flurazepam use for this worker, though it was first prescribed at least as long ago as November 2012. Records report the use of both flurazepam and lorazepam in February 2013, and the substitution of Zolpidem in March. The record does not show careful evaluation for causes of sleep disturbance, or for the specific component of insomnia. Based on records provided it is not possible to assess the history of, requirement for or appropriate choice of insomnia treatment. The request for Restoril 30 mg, thirty count with five refills, is not medically necessary or appropriate.