

Case Number:	CM13-0068442		
Date Assigned:	04/02/2014	Date of Injury:	11/01/2005
Decision Date:	05/12/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/19/2013

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 Physical Medicine & Rehabilitation has a subspecialty in Pain 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 is a 41-year-old male with a date of injury of November 1, 2005. The injured worker carries diagnoses of chronic low back pain, lumbar radiculopathy. The disputed requests are for prescriptions of Norco and Lunesta. A utilization review determination stated that "it does not appear that the patient is a candidate for continued opioid use." The reviewer reasoned that there was no documentation of improved functioning, pain reduction, and/or return to work status. The reviewer also pointed out that the requesting healthcare providers objective documentation of physical exam findings remain the same from one progress note to another. A prior utilization review had recommended weaning of narcotic pain medications. With regard to Lunesta, this was recommended for noncertification because "the submitted documentation does not indicate that sleep hygiene and other nonpharmacologic measures have been discussed or performed by the patient." It was also noted that a previous utilization review had recommended discontinuation of Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF NORCO 10/325MG #140: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76-80.

Decision rationale: The Chronic Pain Medical Treatment Guidelines on pages 76-80 state the following criteria for the ongoing use of opioids, including: "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000)" In the case of this injured worker, there is documentation of some analgesic efficacy from narcotic pain medication. There is also some evidence of functional benefit as the patient is "able to perform certain activities at home." This was documented in a progress note on June 24, 2013. More significant evidence of functional improvement was not available in the submitted documentation. The patient does continue with a high level of pain despite high dosages of narcotic pain medication. In addition to Norco, the patient is on OxyContin 60 mg twice a day. In the submitted documentation, there is no evidence of opioid risk screening or checking the cures database program to monitor for aberrant behaviors. This is also a requirement for ongoing monitoring of opiate medication. Given this lack of documentation, the utilization review decision is upheld and the patient should be tapered. It is beyond the scope of the independent medical review process to determine what tapering schedule is appropriate.

1 PRESCRIPTION OF LUNESTA 3MG #30: 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) Mental Health/Stress Chapter, Insomnia Management

Decision rationale: The California Medical Treatment and Utilization Schedule and ACOEM do not specifically address Lunesta. Therefore the Official Disability Guidelines are utilized which specify the following: "ODG Integrated Treatment/Disability Duration Guidelines, Stress & Mental Illness Chapter Eszopicolone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. The only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia, but they

may be an option in patients with coexisting depression." In the case of this injured worker, a progress note from September 16, 2013 documents that patient has "insomnia related to back pain, stable with occasional Lunesta use." There is no documentation in this progress note or the preceding progress notes that nonpharmacologic interventions for the management of insomnia have been attempted. These measures are recommended by the Official Disability Guidelines. There is also no mention of any side effects or the frequency of how many days per month the patient actually uses the Lunesta. Given this lack of documentation, this request is recommended for noncertification.