MAXIMUS Federal Services

Case Number:	CM14-0008826		
Date Assigned:	02/12/2014	Date of Injury:	10/13/2006
Decision Date:	07/11/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/22/2014

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 Occupational 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 patient is a 51-year-old male who has submitted a claim for sciatica, lumbago, cervicalgia, sprain of neck, cervical disc displacement, cervical spinal stenosis, status post (s/p) C5-6 anterior cervical discectomy and fusion and chronic pain, right and left cubital tunnel syndrome and right and left carpal tunnel syndrome associated with industrial injury date of 10/13/06. Medical records from 2012-2013 were reviewed which revealed consistent pain in the neck area which radiated down the right shoulder and down the right arm. This was accompanied with numbness and tingling sensation that mostly involved the ring and small fingers of his right hand. Weakness in both hands was noted. He has difficulty in gripping, holding and opening bottles. He is awakened at night with both hands numb. Physical examination of the cervical spine showed right and left paracervical and trapezial musculature tenderness. Range of motion was limited to 35-40% of normal in all planes. Compression and Phalen tests in elbow and carpal area were positive. Tinel test was negative. Treatment to date has included, C5-C6 anterior cervical discectomy and fusion. Medications taken include, Lunesta, Norco and Diazepam. Utilization review from 12/24/13 denied the requests for Lunesta, Norco and Diazepam. Regarding Diazepam, it was denied because benzodiazepines are not recommended for long term use because long-term efficacy is unproven and there is risk of dependence. Regarding Lunesta and Norco, reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUNESTA 2 MG #30 + 3 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) Pain Chapter, Insomnia treatment.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter, Insomnia treatment was used instead. ODG states that Lunesta is a first-line medication for insomnia with potential for abuse and dependency. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, patient was prescribed Lunesta since at least July 2013. Progress report dated 1/15/2014 mentioned that he has difficulty sleeping and remaining asleep. However, there is no discussion concerning the patient's sleep hygiene. Therefore, the request for Lunesta 2 mg #30 with 3 refills is not medically necessary.

NORCO 10-325 MG #40 + 1 REFILL: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Opioids Page(s): 78.

Decision rationale: As stated on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, 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 potential aberrant (or non-adherent) drug-related 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. In this case, the earliest progress report stating the patient's usage of Norco was dated 07/31/2013. Progress report dated 1/15/2014 mentioned that there was pain relief from the medication he was taking. In addition, there were no side effects noted. Furthermore, medical record reported that patient's state has improvement in quality of life. Medical necessity has been established. Therefore, the request for Norco 10/325mg #40 with 1 refill is medically necessary.

DIAZEPAM 5 MG #20 + 5 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: As stated on page 24 of the California MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because of unproven long-term efficacy and risk of dependence; use is limited to 4 weeks. In this case, the patient has been using Diazepam, a benzodiazepine since July 2013. However, long-term use is not recommended and there is no discussion concerning the need for variance from the guidelines. Therefore, the request for Diazepam 5mg #20 with 5 refills is not medically necessary.