

Case Number:	CM14-0112493		
Date Assigned:	08/01/2014	Date of Injury:	11/16/2011
Decision Date:	09/09/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/18/2014

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 Preventive 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:

According to the records made available for review, this is a 35-year-old male with an 11/16/11 date of injury. At the time (6/26/14) of request for authorization for Lunesta 2mg (quantity unknown), Methadone HCL 10mg (quantity unknown), Norco 10/325mg (quantity unknown), and Ibuprofen 600 mg (quantity unknown), there is documentation of subjective (pain in the head, left arm, bilateral legs, neck, shoulders, buttocks, elbow, hips, knees, low back, and ankle/feet) and objective (mottled appearance of left arm with erythema, temperature change, decreased grip strength, allodynia, weakness, and decreased sensation) The patients current diagnoses are lumbar radiculopathy, lumbar disc displacement, muscle spasm, and chronic depression. The current treatment to date includes ongoing treatment with Ibuprofen and Naproxen since at least 12/18/13; Methadone HCL and Norco since at least 3/10/14; and Lunesta. Regarding Lunesta 2mg (quantity unknown), there is no documentation of insomnia and functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance and/or a reduction in the use of medications as a result of Lunesta use to date. Regarding Methadone HCL 10mg (quantity unknown), there is no documentation of Methadone used as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk, that Methadone is being prescribed by providers with experience in using it; that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance; and/or a reduction in the use of medications as a result of Methadone HCL use to date. Regarding Norco 10/325mg (quantity unknown), there was no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed and there will be ongoing

review and documentation of pain relief, functional status, appropriate medication use, and side effects. Regarding Ibuprofen 600 mg (Quantity Unknown), there was no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ibuprofen use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2mg (Quantity unknown): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Insomnia.

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

Decision rationale: The MTUS Guidelines does not address this issue. The MTUS definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance and/or a reduction in the use of medications or medical services. The Official Disability Guidelines (ODG) indicates non-benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists) are first-line medications for insomnia which includes Eszopicolone (Lunesta). In addition, ODG identifies that Lunesta is the only benzodiazepine-receptor antagonist FDA approved for use longer than 35 days. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, lumbar disc displacement, muscle spasm and chronic depression. In addition, there was documentation of ongoing treatment with Lunesta. However, there was no documentation of insomnia. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions an increase in activity tolerance and/or a reduction in the use of medications as a result of Lunesta use to date. Furthermore, there is no documentation of the quantity requested. Therefore, based on guidelines and a review of the evidence, the request for Lunesta 2mg (quantity unknown) is not medically necessary.

Methadone HCL 10mg (Quantity Unknown): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 61-62; 74-80. Decision based on Non-MTUS Citation Medical Treatment Guideline or Medical Evidence.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of Methadone used as a second-line drug for moderate to severe pain if the

potential benefit outweighs the risk, and that Methadone is being prescribed by providers with experience in using it, as criteria necessary to support the medical necessity of Methadone. In addition, MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. The MTUS definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, lumbar disc displacement, muscle spasm, and chronic depression. In addition, there is documentation of ongoing treatment with Methadone HCL. However, there was no documentation of Methadone used as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk, and that Methadone is being prescribed by providers with experience in using it. In addition, there was no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Methadone HCL use to date. Lastly, there is no documentation of the quantity requested. Therefore, based on guidelines and a review of the evidence, the request for Methadone HCL 10mg (quantity unknown) is not medically necessary.

Norco 10/325mg (Quantity Unknown): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-80.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. The MTUS definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, lumbar disc displacement, muscle spasm, and chronic depression. In addition, there is documentation of ongoing treatment with Norco. However, there was s no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side

effects. In addition, there was no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Furthermore, there is no documentation of the quantity requested. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg (quantity unknown) is not medically necessary.

Ibuprofen 600 mg (Quantity Unknown): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-The definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, lumbar disc displacement, muscle spasm, and chronic depression. In addition, there is documentation of ongoing treatment with Ibuprofen. However, there was no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ibuprofen use to date. In addition, there is no documentation of the quantity requested. Therefore, based on guidelines and a review of the evidence, the request for Ibuprofen 600 mg (quantity unknown) is not medically necessary.