

Case Number:	CM14-0115704		
Date Assigned:	08/04/2014	Date of Injury:	04/15/2010
Decision Date:	09/24/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/22/2014

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:

Injured worker is a male with date of injury 4/15/2010. Per Pain Management secondary treating physician's progress report dated 7/8/2014, the injured worker complains of lower back pain, and bilateral leg pain. Pain is described as sharp, stabbing, burning, and constant. Pain radiates into both legs, but more to the right. He has sustained a crush injury to his legs and now complains of swelling in the right leg with hypersensitivity. Clothes hurt his skin. He notes that he has difficulty being intimate with his wife. He still has bilateral, right greater than left, low back pain. He describes the low back pain as a constant sharp stabbing pain. He states the low back pain becomes worse with activity. He states the low back radiates to bilateral lower extremity, right greater than left, causing neuropathy, touch and temperature sensitivity, mild edema in the right ankle, mild spasm, positive right foot drop and unstable gait. He states he is unable to perform daily tasks such as cleaning, dressing and cooking. He states the daily low back pain is causing his quality of life to decline. He states he is currently taking multiple medications and using spinal stimulator with no adverse reactions. His pain level is 7-8/10. He states low back pain has slightly increased since last visit. On examination of the skin, lesion site #1 in mid back x 10 stables and lesion site #2 left buttock x 9 stables have no edema, no tenderness with palpation, no discharge, no discoloration, no warmth, no touch or temperature sensitivity. He walks on the heels with difficulty due to pain. Paralumbar spasm is 2+ tenderness to palpation on the right. Atrophy is present in the quadriceps. On forward flexion the injured worker is able to reach to the knees. Lateral bending to the right is 0-10 degrees; to the left is 20-30 degrees with pain. Extension measures 0-10 degrees. Right and left resisted rotation is diminished. Straight leg raise is positive at 30 degrees bilaterally. Lower extremity deep tendon reflexes are absent at the knees. Sensation to light touch

is decreased on the left in the lateral thigh. Motor strength of the lower extremities measures 5/5 all groups bilaterally. Right leg looks swollen; allodynia is present as well as hypesthesia. There are contractures of the skin around the right knee and there is sweating. Diagnoses include 1) reflex sympathetic dystrophy of lower limb 2) postlaminectomy syndrome of lumbar region 3) low back pain 4) insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has pain rated at 7-8/10, but the improvement in pain, functional improvement, and improvement in quality of life as a result of this medication treatment is not described. Medical necessity has not been established within the recommendations of the MTUS Guidelines. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg #120 1 refill is not medically necessary.

Lunesta 3mg #30 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, no chapter noted.

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 section.

Decision rationale: Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically whereas secondary insomnia may be treated with pharmacological and/or psychological

measures. The medical records do not address the timeline of the insomnia or evaluation for the causes of the insomnia. The medical records do not indicate that non-pharmacological modalities such as cognitive behavioral therapy or addressing sleep hygiene practices have been utilized prior to utilizing a pharmacological sleep aid. The request for Lunesta 3mg #30 1 refill is not medically necessary.