

Case Number:	CM14-0131910		
Date Assigned:	08/22/2014	Date of Injury:	11/05/2011
Decision Date:	10/01/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/18/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 53 year old gentleman was reportedly injured on November 5, 2011. The mechanism of injury is noted as a trip and fall. The most recent progress note, dated July 22, 2014, indicates that there are ongoing complaints of bilateral shoulder pain and neck pain. Current medications include fentanyl patches, Norco, Lunesta, Lidocaine patches, Warfarin, and Atenolol. Pain is stated to be 9/10 without medications and 4/10 with medications and they allow him to participate in daily exercise. The physical examination demonstrated decreased range of motion of both of the shoulders, range of motion of the right shoulder included abduction and flexion to 140 degrees, range of motion of the left shoulder included abduction and flexion to 90 degrees, decreased cervical spine range of motion, and tenderness across the left side of the cervical paravertebral muscles and the left trapezius. Diagnostic imaging studies of the cervical spine revealed central canal stenosis at C5 to C6 disc bulge with moderate left lateral recess stenosis and bilateral foraminal stenosis. Previous treatment includes a left shoulder rotator cuff repair two times, a left biceps tendon repair, a manipulation under anesthesia, and the use of an H wave unit. A request was made for Fentanyl patches, Lunesta, and Norco and was not certified in the preauthorization process on August 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patches 25mcg #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 93 of 127..

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines support long acting opiates in the management of chronic pain when continuous around the clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The treatment guidelines specifically state Fentanyl is not recommended for musculoskeletal pain. As such, this request for Fentanyl patches is not medically necessary.

Lunesta 3mg #30 with 2 refills,: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2014, Mental Illness and Stress, Eszopicolone (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC / ODG Integrated Treatment/Disability Duration Guidelines; Mental Illness & Stress - Eszopicolone (updated 6/12/14)

Decision rationale: Lunesta is a medication intended for the treatment of insomnia. The Official Disability Guidelines recommend that treatment of insomnia be based on the etiology. Failure of a sleep disturbance to resolve in seven to ten days may indicate psychiatric and/or medical illness. The majority of studies involving insomnia treatment have only evaluated short term treatment (less than four weeks). These medications are recommended for short term use due to risk of tolerance, dependence, and adverse effects such as daytime drowsiness amnesia, impaired cognition, and impaired psychomotor function. A review of the medical records, indicates that the injured employee has been prescribed this medication for an extended period of time and this request for thirty tablets with two refills also does not indicate short term treatment. As such, this request for Lunesta is not medically necessary.

Norco 10/325mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91 of 127.

Decision rationale: Norco (Hydrocodone/Acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California Medical Treatment Utilization Schedule

(MTUS) guidelines support short acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The progress note dated July 22, 2014, indicates that the injured employee has a significant decrease in objective pain level and increased ability to function and perform daily exercises with the usage of this medication. Considering this, the request for Norco 10/325 milligrams is medically necessary.