

Case Number:	CM14-0132753		
Date Assigned:	08/20/2014	Date of Injury:	12/20/2008
Decision Date:	09/29/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/15/2014

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 Anesthesiology, 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:

According to the records made available for review, this is a 52-year-old female with a 12/20/08 date of injury. At the time (6/30/14) of the request for authorization for Norco 10/325mg #180, Lexapro 20mg #150, and Lunesta 2mg #300, there is documentation of subjective (persistent hand numbness as well as sharp shooting pain) and objective (tenderness on palpation to her bilateral wrists mostly on the ventral aspect, Phalen's test is positive, she is also positive for reverse Phalen's test, she appears slightly agitated and anxious) findings, current diagnoses (chronic neck pain secondary to cervical degenerative disk disease, bilateral carpal tunnel syndrome, severe neuropathic pain, opioid dependence, insomnia, and depression), and treatment to date (medication including treatment with Norco, Lexapro, and Lunesta for at least 6 months). Regarding Norco 10/325mg #180, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; 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 with use of Norco. Regarding Lexapro 20mg #150 and Lunesta 2mg #300, 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 with use of Lexapro and Lunesta

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 77, 88.

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

Decision rationale: 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. 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 chronic neck pain secondary to cervical degenerative disk disease, bilateral carpal tunnel syndrome, severe neuropathic pain, opioid dependence, insomnia, and depression. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of treatment with Norco for at least 6 months, 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 with use of Norco. Therefore, based on guidelines and a review of the evidence, the request for prospective request for Norco 10/325mg #180 is not medically necessary.

Lexapro 20mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (SELECTIVE SEROTONIN REUPTAKE INHIBITORS) Page(s): 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Escitalopram (Lexapro).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that selective serotonin reuptake inhibitors (SSRIs) are not recommended as a treatment for chronic pain, but may have a role in treating secondary depression. 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. ODG identifies documentation of major depressive disorder, as criteria necessary to support the medical necessity of Lexapro. Within the medical information available for review, there is documentation of diagnoses of chronic neck

pain secondary to cervical degenerative disk disease, bilateral carpal tunnel syndrome, severe neuropathic pain, opioid dependence, insomnia, and depression. In addition, there is documentation of chronic pain and depression. However, given documentation of treatment with Lexapro for over 6 months, 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 with use of Lexapro. Therefore, based on guidelines and a review of the evidence, the request for Lexapro 20mg #150 is not medically necessary.

Lunesta 2mg #300: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Compensation, 12th Edition, 2014, Mental Illness & Stress Chapter (5/9/14).

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, Insomina treatment.

Decision rationale: 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. ODG states 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 agonist FDA approved for use longer than 35 days. Within the medical information available for review, there is documentation of diagnoses of chronic neck pain secondary to cervical degenerative disk disease, bilateral carpal tunnel syndrome, severe neuropathic pain, opioid dependence, insomnia, and depression. However, given documentation of treatment with Lunesta for at least 6 months, 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 with use of Lunesta. Therefore, based on guidelines and a review of the evidence, the request for Lunesta 2mg #300 is not medically necessary.