

Case Number:	CM14-0153356		
Date Assigned:	09/23/2014	Date of Injury:	02/25/2008
Decision Date:	10/30/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/19/2014

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 applicant has filed a claim for chronic elbow and shoulder pain reportedly associated with an industrial injury of February 25, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; and multiple elbow surgeries, reportedly culminating in a total elbow arthroplasty. In a progress note dated August 12, 2014, the applicant reported persistent complaints of elbow and shoulder pain. The applicant was status post a total elbow arthroplasty, it was noted. 9-10/10 pain was reported without medications versus 6/10 with medications. The applicant was using one to two Norco a day and one Percocet at bedtime, it was noted. Ongoing medication consumption was ameliorating the applicant's ability to move about and perform activities of daily living. Ongoing medication usage was also ameliorating the applicant's ability to sleep, it was noted. The attending provider noted that the applicant had been left with a chronically painful and stiff elbow and shoulder. Multiple medications, including Norco, Percocet, and Lunesta were renewed. The applicant was asked to remain off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10mg - Acetaminophen 325mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant is reporting an appropriate reduction in pain scores, from 9-10/10 without medications to 6/10 with medications. Ongoing usage of Norco has ameliorated the applicant's ability to use the chronically stiff and painful right elbow, the attending provider has reported on several occasions, referenced above. Continuing the same, on balance, is therefore, indicated. Accordingly, the request is medically necessary.

Oxycodone-Acetaminophen 10mg 325mg #60: Upheld

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

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

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. In this case, the attending provider has not furnished a compelling rationale for provision of two separate short-acting opioids, Norco and Percocet. The attending provider noted that the applicant's consumption of opioids was relatively minimal, at a rate of one to two tablets a day of Norco and Percocet apiece. If this is in fact the case, it is unclear why the applicant cannot use one short-acting opioid alone, as suggested on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Lunesta 3mg tablet #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Lunesta

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Chapter, Eszopiclone (Lunesta) topic

Decision rationale: The MTUS does not address the topic. As noted in ODG's Mental Illness and Stress Chapter Eszopiclone topic, Lunesta or eszopiclone is not recommended for long-term use. In this case, the request for 60 tablets of Lunesta does imply chronic, long-term, and/or scheduled usage of the same. This is not an ODG-endorsed role for Lunesta. Therefore, the request is not medically necessary.