

Case Number:	CM14-0156135		
Date Assigned:	09/25/2014	Date of Injury:	09/03/2010
Decision Date:	10/30/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/23/2014

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 Florida. 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 injured worker is a 35-year-old female who reported an injury on 09/30/2010. The mechanism of injury was not submitted for clinical review. The diagnoses included pain in joint of ankle and foot, sprain/strain of the neck, brachial neuritis or radiculitis, and thoracic or lumbosacral neuritis or radiculitis. The previous treatments included physical therapy, ice, heat, exercise, cognitive behavioral therapy, and medications. Within the clinical note dated 04/24/2014, it was reported the injured worker complained of neck pain, left shoulder pain, and right shoulder pain. She rated her pain 6/10 in severity. The patient complained of pain and swelling in the right ankle. Upon physical examination, the provider noted the injured worker's cervical spine range of motion was restricted with flexion to 30 degrees. There was tenderness to palpation of the paravertebral muscles, muscle spasms, and tenderness and tight muscle bands noted on the left side. There was a negative straight leg raise bilaterally. The injured worker had tenderness over the deltoid ligament talofibular ligament. The request submitted is for Norco and Lunesta. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The request for Norco 10/325 mg #90 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider failed to document an adequate and complete pain assessment within the documentation. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

Lunesta 1mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Insomnia Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Insomnia

Decision rationale: The request for Lunesta 1 mg #30 is not medically necessary. The California MTUS Guidelines do not recommend Lunesta for long term use, but recommend it for short term use. The guidelines recommend that insomnia treatment be based on the etiology. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbances. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.