

Case Number:	CM14-0172492		
Date Assigned:	10/23/2014	Date of Injury:	01/27/1999
Decision Date:	11/21/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/17/2014

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 & Rehabilitation 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 injured worker is a 60-year-old male who reported an injury on 01/27/1999 due to an unknown mechanism. Diagnoses were epicondylitis, degenerative cervical spondylosis, myofascial pain syndrome, general medical condition, insomnia due to persistent chronic pain. Physical examination dated 08/17/2014 revealed that the injured worker had chronic pain in the bilateral arms which was reported as partly neuropathic and partly inflammatory. It was reported that the injured worker has good pain control with cortisone injections into the right elbow region. It was also reported that the injured worker is working full time. It was reported that the pain medicines increase the injured worker's level of physical function and allow him to continue to work at his job. Medications were Opana ER 40 mg, Oxycodone 15 mg, Norco 10/325 mg, Lunesta 3 mg, and AndroGel. It was reported that conservative care in the form of physical therapy, NSAIDs, and muscle relaxants have failed. It was also reported that the injured worker was doing a home exercise program. Treatment plan was for an epidural steroid injection. It was reported that the injured worker has used Norco and Lunesta for years and had effective treatment of chronic pain and chronic insomnia. It was also noted that they reduced the need for other analgesic medicines. It was reported that it improved his quality of life allowing him to work full time. The Request for Authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #210: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco; Ongoing Management Page(s): 75, 78.

Decision rationale: The decision for Norco 10/325 mg #210 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the "4 A's" including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. The "4 A's" for ongoing management of an opioid medication were not documented. Also, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

Lunesta #18: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Eszopicolone (Lunesta)

Decision rationale: The decision for Lunesta #18 is not medically necessary. The Official Disability Guidelines do not recommend for long use, limiting use of hypnotics to 3 weeks maximum in the first 2 months of injury only, and discourage use in the chronic phase. While sleeping pills, so called minor tranquilizers and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long term use. They can be habit forming and they may impair function and memory more than an opioid pain reliever. There is also concern that may increase pain and depression over the long term. The FDA has lowered the recommended starting dose of Lunesta from 2 mg to 1 mg for both men and women. Previously recommended doses can cause impairment to driving skills, memory, and coordination as long as 11 hours after the drug is taken. The medical guidelines do not recommend the use of this medication for longer than a 3 weeks' maximum. The clinical documentation submitted for review indicates that the injured worker has been taking this medication for longer than recommended by the medical guidelines. There was a clinical note dated 01/07/2014 that did indicate the injured worker was taking this medication. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time. There were no other significant factors provided to justify the use outside of current guidelines. Therefore, this request is not medically necessary.