

Case Number:	CM14-0023539		
Date Assigned:	05/12/2014	Date of Injury:	07/28/2006
Decision Date:	07/10/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/24/2014

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 Family 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 patient is a 64 year old female who was injured at work on 7/2/2006. The injury was primarily to the lower back, right shoulder, lower extremities and bilateral knees. She is requesting review of denial for the chronic use of Norco and Lunesta. The medical records include an Agreed Medical Examination dated 6/5/2010. These records indicate that the patient has had ongoing problems with pain primarily in her back and right knee. She also has chronic right lower extremity numbness and paresthesias. She has undergone imaging studies and underwent an L4-5 discectomy in 8/2008. She has also received corticosteroid injections, trigger-point injections, physical therapy, and medications. Specific diagnoses include the following: Strain, Right Knee; Tear of the Right Medial Meniscus; Degenerative Osteoarthritis, Right Knee; Lumbar Strain, Degenerative Disc Disease; Right L4-L5 Radiculopathy; Myofascial Pain Syndrome; Chronic Pain Syndrome. Her current medical regimen is described as including: Norco, Cymbalta 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, #120 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-97.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of opioids such as Norco. According to these guidelines long-term use of opioids is appropriate when there is documented functional improvement. The available records show no evidence of such documentation. In patients with chronic back pain, failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. The records indicate this patient has had a sufficient trial (more than 16 weeks) and has not demonstrated sufficient response to justify ongoing use of opioids. Based on these findings the request of Norco 10/325mg, #120 with 2 refills is not considered 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 (ODG), Pain (Acute & Chronic), Insomnia Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Insomnia Treatment.

Decision rationale: The Official Disability Guidelines do provide recommendations on the use of sedative-hypnotics such as Lunesta for the treatment of insomnia. Lunesta, a benzodiazepine-receptor agonist) is recommended as a first-line medication for insomnia but has the potential for abuse and dependency. These guidelines indicate that pharmacologic agents should only be used for short-term treatment due to the risk of abuse and dependency. The records indicate the patient has been prescribed this medication beyond the time frame recommended for short-term treatment. The records indicate the patient has used this class of medications since at least 2010. Based on these findings the request of Lunesta 3mg, #30 with 2 refills is not considered medically necessary.