

Case Number:	CM14-0028716		
Date Assigned:	06/16/2014	Date of Injury:	06/02/2006
Decision Date:	10/20/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/06/2014

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 Management 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 57-year-old female with a 6/2/06 date of injury. At the time (2/25/14) of request for authorization for LUNESTA 3 MG #30 one (1) tablet by mouth at bed time as needed for sleep (2 refills), FIORICET # 60, one (1) tablet b mouth every eight (8) hours for headaches; dispensed (plus script with one refill), and NORCO 10/325 MG. #90, one (1) tablet by mouth every four (4) to six (6) hours as needed for pain (two refills), there is documentation of subjective (headaches, sleep disruption, ongoing neck and lower back pain, ongoing weakness and numbness in the legs that start in the lower back and radiate downwards) and objective (paraspinal tenderness, decreased range of motion, decreased sensation in the L4-S1 nerve roots) findings, current diagnoses (depression, sleep disruption, gastric pain and chest pain; degenerative disc disease cervical spine, degenerative disc disease lumbar spine, minimally elevated liver enzymes, and ruptured disc L3-4, L4-5), and treatment to date (home exercise and medications (including ongoing use of Lunesta, Fioricet, and Norco since at least 7/13)). Regarding the requested LUNESTA 3 MG #30 one (1) tablet by mouth at bed time as needed for sleep (2 refills), there is no documentation of insomnia 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 as a result of Lunesta use to date. Regarding the requested FIORICET # 60, one (1) tablet b mouth every eight (8) hours for headaches; dispensed (plus script with one refill), there is no documentation of tension (or muscle contraction) headache 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 as a result of Fioricet use to date. Regarding the requested NORCO 10/325 MG #90, one (1) tablet by mouth every four (4) to six (6) hours as needed for pain (two refills), there is no 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 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 as a result of Norco use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3 mg. #30 one (1) tablet by mouth at bedtime as needed for sleep (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

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, Insomnia treatment MTUS Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS does not address this issue. 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 depression, sleep disruption, gastric pain and chest pain; degenerative disc disease cervical spine, degenerative disc disease lumbar spine, minimally elevated liver enzymes, and ruptured disc L3-4, L4-5. However, despite documentation of sleep disruption, there is no documentation of insomnia. In addition, given medical records reflecting prescription for Lunesta since at least 7/13, 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 as a result of Lunesta use to date. Therefore, based on guidelines and a review of the evidence, the request for LUNESTA 3 MG. #30 one (1) tablet by mouth at bed time as needed for sleep (2 refills) is not medically necessary.

Fioricet # 60, (1) tablet by mouth every eight (8) hours for headaches; dispensed (plus script with one refill) is not: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-Containing Analgesic Agents (BCAs)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs). Decision based on Non-MTUS Citation Barbiturate-containing analgesic agents (BCAs) www.pdr.net as well as MTUS www.pdr.net, Title 8, California Code of Regulations, section 9792.20.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that barbiturate-containing analgesic agents (BCAs) are not recommended for chronic pain; that the potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents; and that there is a risk of medication overuse as well as rebound headache. 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. The PDR identifies documentation of tension (or muscle contraction) headache as criteria necessary to support the medical necessity of Fioricet (Butalbital, Caffeine, Acetaminophen). Within the medical information available for review, there is documentation of diagnoses of depression, sleep disruption, gastric pain and chest pain; degenerative disc disease cervical spine, degenerative disc disease lumbar spine, minimally elevated liver enzymes, and ruptured disc L3-4, L4-5. In addition, there is documentation of headaches. However, there is no documentation of tension (or muscle contraction) headache. In addition, given medical records reflecting prescription for Fioricet since at least 7/13, 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 as a result of Fioricet use to date. Therefore, based on guidelines and a review of the evidence, the request for Fioricet # 60, one (1) tablet b mouth every eight (8) hours for headaches; dispensed (plus script with one refill) is not medically necessary.

Norco 10/325 mg. #90, (1) tablet by mouth every four (4) to six (6) hours as needed for pain (two refills): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation MTUS Title 8, California Code of Regulations, section 9792.20

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 depression, sleep disruption, gastric pain and chest pain; degenerative disc disease cervical spine, degenerative disc disease lumbar spine, minimally elevated liver enzymes, and ruptured disc L3-4, L4-5. 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; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given medical records

reflecting prescription for Norco since at least 7/13, 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 as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for NORCO 10/325 MG #90, one (1) tablet by mouth every four (4) to six (6) hours as needed for pain (two refills) is not medically necessary.