

Case Number:	CM14-0049005		
Date Assigned:	06/27/2014	Date of Injury:	01/27/1999
Decision Date:	08/25/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/26/2014

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 and 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 60-year-old male who reported an injury on 01/27/1999. The mechanism of injury was not provided within the documentation submitted for review. The request for authorization for medical treatment was provided and dated 03/14/2014. A clinical evaluation on 03/09/2014 notes the injured worker's subjective complaints of neck pain and right arm pain. The injured worker had prior treatments of NSAIDS, muscle relaxants, physical therapy, epidural steroid injections, and home exercise. The injured worker's diagnoses were noted to be chronic bilateral arm pain, medial epicondylitis, chronic neck pain, degenerative cervical spondylosis, myofascial pain syndrome, and insomnia due to persistent chronic pain. The treatment plan was to continue medications for pain control and return to the clinic for follow-up evaluation. The provider's rationale for the request was provided within the treatment plan in the clinical evaluation dated 03/09/2014. The injured worker's current medications at the time of evaluation included Opana, oxycodone, Norco, Lunesta, and AndroGel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #210: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines Opioids On-Going Management, page(s) 78.

Decision rationale: The request for Norco 10/325 mg quantity 210 is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonaberrant) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should effect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: Current pain; the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The injured worker's clinical evaluation on 03/09/2014 fails to provide an adequate pain assessment. Side effects were not addressed. Urine drug screen was not noted in the documentation, and efficacy of opioids currently being used is not noted. In addition, the provider's request fails to provide a frequency. Therefore, the request for Norco 10/325 mg quantity 210 is non-certified.

Lunesta 3 mg #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).

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

Decision rationale: The request for Lunesta 3 mg quantity 30 is non-certified. The Official Disability Guidelines state Lunesta is not recommended for long term use, but recommended for short term use. The guidelines recommend limiting the use of insomnia treatments to 3 weeks maximum in the first 2 months of injury only and discourage use in the chronic phase. It is noted in the diagnoses that insomnia is persistent due to chronic pain. It is also noted that the injured worker used Lunesta longer than the recommended time frame of therapy according to the guidelines. In addition, the FDA has lowered the recommended dose from 2 mg to 1 mg for both men and women. The provider's request fails to indicate a frequency of the 3 mg Lunesta. Therefore, the request for Lunesta 3 mg quantity 30 is non-certified.