

Case Number:	CM14-0053460		
Date Assigned:	07/07/2014	Date of Injury:	11/05/2011
Decision Date:	09/05/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/22/2014

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 Occupational 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 53-year-old male who has submitted a claim for sprain, rotator cuff associated with an industrial injury date of November 5, 2011. Medical records from 2012 to 2014 were reviewed. The patient complained of shoulder pain, left, rated at 6-8/10. He described it as sharp, throbbing, with intermittent numbness radiating to the left hand. He also complains of pain on the right shoulder, rated at 5-9/10 with noted limited range of motion. Physical examination of the both shoulders revealed tenderness and noted limited range of motion. The right wrist was positive for Tinel's sign. Patient's gait is slightly antalgic, without the use of a cane for ambulation. Treatment to date has included NSAIDs, opioids, topical analgesics, occupational therapy and surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ten Patches of Fentanyl 25 MCG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl transdermal system); Fentanyl transdermal Page(s): 44; 93.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that Duragesic (Fentanyl Transdermal System) is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. In this case, patient is concurrently taking Norco as early as October 2013. No side effects were reported, however there are no documents to show evidence of pain improvement and functional gains with use. There were no urine drug screen results submitted to rule out any misuse with prescription medications. The medical necessity for Fentanyl has not been established. Therefore, the request for Ten Patches of Fentanyl 25 MCG is not medically necessary.

30 Tablets of Lunesta 3 MG: 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 Official Disability Guidelines (ODG), Pain Section, Lunesta.

Decision rationale: The California MTUS does not specifically address Eszopicolone (Lunesta). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, and the Official Disability Guidelines (ODG) was used instead. It states that Eszopicolone (Lunesta) is a non-benzodiazepine sedative-hypnotic (benzodiazepine-receptor agonist) and is a first-line medication for insomnia. It is a schedule IV controlled substance that has potential for abuse and dependency. Lunesta has demonstrated reduced sleep latency and sleep maintenance, and is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. In this case, the patient was prescribed Lunesta as early as October 2013 however; there is no documentation that the medication has improved the quality of sleep of the patient. There was no discussion on sleep hygiene and trial of non-pharmacologic treatment. The dosage and frequency of use were also not specified. The clinical necessity of Eszopicolone (Lunesta) was not established; therefore, the request for 30 Tablets of Lunesta 3 MG is not medically necessary.

180 Tablets of Norco 10/325 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78-81.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the records noted that the patient has been prescribed Norco as early as 2013. However, the medical records submitted did not clearly

reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. The MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for 180 tablets of Norco 10/325MG is not medically necessary.