MAXIMUS Federal Services

Case Number:	CM13-0066000		
Date Assigned:	01/03/2014	Date of Injury:	06/01/2005
Decision Date:	04/13/2015	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/11/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 56-year-old [redacted] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of June 1, 2005.In a Utilization Review Report dated December 10, 2013, the claims administrator failed to approve requests for Norco, Lunesta, and Motrin. An RFA form dated December 3, 2013 was referenced in the determination. The claims administrator suggested that the applicant had had prior shoulder surgery. The applicant's attorney subsequently appealed. On December 26, 2013, the applicant was given refills of Norco, Lunesta, and ibuprofen via an RFA form. In an associated progress note dated December 18, 2013, the applicant reported persistent complaints of bilateral shoulder pain. The applicant stated that his quality of sleep was poor. The applicant's medication list included Dulcolax, Motrin, Norco, Lunesta, and Pravachol. Ancillary complaints of low back pain were reported. The applicant was severely obese, with a BMI of 37. Medications were renewed. The applicant was given work restrictions, which were resulting in his removal from the workplace. The attending provider noted that the applicant was also off of work owing to mental health complaints. The attending provider stated that the applicant's medications were ameliorating his ability to cook for himself and/or take care of his pets.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47, 115-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off of work, on total temporary disability, despite ongoing usage of Norco. While it is acknowledged that this may represent a function of the applicant's psychopathology in addition to his chronic pain concerns, nevertheless, the attending provider has seemingly failed to outline any meaningful or material improvements in function affected as a result of ongoing Norco usage. The attending provider's commentary to the effect that the applicant's ability to cook for himself and/or take care of his pets does not, in and of itself, constitute evidence of meaningful or material improvements in function effected as a result of ongoing Norco usage and is, furthermore, outweighed by the applicant's failure to return to work. Therefore, the request was not medically necessary.

60 IBUPROFEN 600MG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 22.

Decision rationale: Similarly, the request for ibuprofen, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as ibuprofen do represent a traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was/is off of work, despite ongoing ibuprofen usage. Ongoing ibuprofen usage failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of ibuprofen. Therefore, the request was not medically necessary.

30 LUNESTA 3MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ncbi.nlm.nih.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Mental Illness & Stress Eszopicolone (Lunesta).

Decision rationale: Finally, the request for Lunesta, a sleep aid, was likewise not medically necessary, medically appropriate, or indicated here.The MTUS does not address the topic. However, ODG's Mental Illness and Stress Chapter Eszopiclone topic notes that eszopiclone or Lunesta is not recommended for chronic use purposes but, rather, should be reserved for short-term use purposes. Here, the attending provider did not furnish a clear or compelling applicant-specific rationale, which would offset the unfavorable ODG position on long-term usage of Lunesta. Therefore, the request was not medically necessary.