

Case Number:	CM14-0188823		
Date Assigned:	11/19/2014	Date of Injury:	09/10/2012
Decision Date:	01/07/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/12/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional spine 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 46 year old female with an injury date of 09/10/12. Per the 08/06/14 and 08/29/14 reports the patient presents with external nasal deformity post nasal fracture in September 2012 with diminished sense of smell and taste with numbness over the anterior incisors as well as hearing loss on the right and vision problems. She also presents with wrist pain and sleep problems. The patient is working with restrictions. Examination shows the patient to be overweight and have reasonable symmetry to the face with excessive elevation of the right eyebrow when animated. There is stigma of rhinoplasty on the nose with secondary deformities. No diagnoses were provided with this report. Per the 08/29/14 report by [REDACTED], Psychologist, and the 06/06/14 Neurology report by [REDACTED]. The patient's diagnoses include: 1. Cognitive disorder (Due to Assault) improved. 2. Post-traumatic stress disorder (Chronic) improved. 3. Anxiety disorder NOS transient exacerbation. 4. Closed head injury. 5. Post-concussion syndrome with features consistent with organic brain injury. 6. Irlen's syndrome with light sensitivity provided by closed head injury. 7. Status post nasal fracture with nasal surgery planned. 8. Muscle contraction and vascular headaches. 9. Post traumatic injury of the right eye with blindness. 10. Depression and sleep difficulty. 11. Cervical strain with chronic neck pain. Current medications are listed as: Cymbalta on 08/06/14 and Vicodin and Synthroid on 08/29/14. The utilization review being challenged is dated 11/05/14. Reports were provided from 03/07/14 to 08/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Norco 5/325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88, 89.

Decision rationale: The patient presents with external nasal deformity, hearing and vision loss, and wrist pain and sleep problems. The treater requests for 1 prescription of Norco 5/325 mg #120 (Hydrocodone/Acetaminophen an opioid). The date of the request is not known from the reports provided. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." The reports provided show the patient has been taking this medication since at least 03/07/14. Pain is not routinely assessed through the use of pain scales. The patient is noted to be working with restrictions; however, no other specific ADLs are mentioned to show a significant change with use of this medication. It is not known whether or not opiates are helping the patient perform the work duties. Opiate management issues are only briefly addressed. One urine toxicology report from 06/05/14 is provided showing the presence of Hydrocodone; however, there is no discussion of side effects or adverse behavior. Furthermore, the patient does not present with a specific diagnosis that require chronic opiate use, such as neuropathy, nociceptive pain or other chronic pain condition. In this case, there is not sufficient documentation to support long-term opioid use. The request is not medically necessary.

1 Prescription for 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

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

Decision rationale: The patient presents with external nasal deformity, hearing and vision loss, and wrist pain and sleep problems. The treater requests for 1 prescription of Lunesta 3 mg. The date of the request is not known from the reports provided. ODG insomnia chapter guidelines state that this medication has demonstrated reduced sleep latency and sleep maintenance. The only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. ODG guidelines pain chapter and mental chapter state the medication is not recommended for long term use. The reports provided do not discuss this medication. It is unknown how long the patient has been prescribed Lunesta, and the treater does not state the use of the medication and

whether or not the medication helps the patient. MTUS page 60 states that pain and function must be recorded when medications are used for chronic pain. In this case, the request is not medically necessary.