

Case Number:	CM14-0198028		
Date Assigned:	12/08/2014	Date of Injury:	02/06/2008
Decision Date:	01/20/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/25/2014

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 American Board Internal 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 injured worker (IW) is a 46-year-old woman with a date of injury of April 2, 2007. The mechanism of injury occurred while the IW was working in her usual and customary occupation as a housekeeper. On the date of injury, she was making a bed and heard a pop in her right shoulder. She immediately experienced right shoulder pain. The current working diagnoses are chronic right shoulder pain; bilateral medial epicondylitis; bilateral wrist pain/carpal tunnel syndrome; and cervical pain on the right side. MRI of the cervical spine dated January 10, 2012 showed mild degenerative disc changes noted to multiple levels, bulging disc posteriorly at C4-C5 and C5-C6, but no evidence of stenosis or disc herniation. The IW underwent carpal tunnel release on August 31, 2011. After review of the medical record, documentation indicates the IW was taking Percocet 10/325mg and Ambien in June of 2013. A progress note dated June 12, 2014 indicated the IW was still taking Percocet, and was taking Trazodone 50mg for sleep because the carrier was no longer approving the Ambien. Percocet and Trazodone 50mg were refilled again in August of 2014. In September of 2014, the treating physician added Lunesta 1mg to the medication regimen because the IW continued to have difficulty with sleep latency and sleep maintenance. In a progress note dated October 30, 2014, documentation indicated that the Lunesta 1mg and Trazodone 50mg were being denied by the carrier, therefore the treating physician was going to increase the Percocet 10/325mg from BID to TID so she could take an additional Percocet at bedtime to assist with sleep. The only objective physical finding was tenderness throughout the upper extremities with positive Tinel's on the left wrist. There were no detailed pain assessments or documentation of objective functional improvement associated with the long-term use of the prescribed medications. The current request is for Lunesta 1mg #30, and Percocet 10/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 1mg #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); Pain Section, Mental Section, Lunesta

Decision rationale: Pursuant to the Official Disability Guidelines, Lunesta 1 mg #30 is not medically necessary. Lunesta is not recommended for long-term use, but recommended for short-term use. The guidelines recommend limiting use of hypnotics or three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. In this case, the injured workers working diagnoses are chronic right shoulder pain; bilateral medial epicondylitis; bilateral wrist pain/carpal tunnel syndrome; and cervical pain on the right side. There was documentation of sleep disturbance secondary to pain. The documentation indicates the injured worker was taking Ambien in June 2013. In June 2014, Ambien was denied by the carrier and the injured worker was started on Trazodone in addition to Percocet. In a progress note dated August 7, 2014, Trazodone was continued. On September 4, 2014 Lunesta was added to Trazodone because of difficulty with sleep latency and sleep maintenance. On October 30, 2014 trazodone and Lunesta were no longer approved. The treating physician increase the Percocet to TID (from BID) so the worker could take one at bedtime. Lunesta is not recommended for long-term use, but short-term use. Lunesta has been prescribed since September 4, 2014. The guidelines recommend a treatment period of three-weeks (maximum). The treating physician has exceeded the recommended guidelines and consequently, Lunesta 1 mg #30 is not medically necessary.

Percocet 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, Percocet 10/325 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany chronic opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are

chronic right shoulder pain; bilateral medial epicondylitis; bilateral wrist pain/carpal tunnel syndrome; and cervical pain on the right side. There was documentation of sleep disturbance secondary to pain. The documentation indicates the injured worker was taking Percocet in June 2013. Percocet was renewed on June 12, 2014, August 7, 2014, September 4, 2014, and October 30, 2014. On the latter date, October 30, 2014, the injured worker's Trazodone and Lunesta were denied. The treating physician increased the Percocet from b.i.d. to t.i.d. (one tablet to be taken at bedtime so she can sleep). Percocet is not indicated for sleep. Additionally, there was no evidence in the medical documentation of objective functional improvement. There were no detailed pain assessments in the record. Consequently, Percocet 10/325#60 is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Percocet 10/325#60 is not medically necessary.