

Case Number:	CM14-0208224		
Date Assigned:	12/22/2014	Date of Injury:	05/13/2002
Decision Date:	02/11/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/12/2014

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 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 43-year-old woman with a date of injury of May 13, 2002. The mechanism of injury is not documented in the medical record. The injured worker's working diagnoses are chronic postoperative pain; postlaminectomy syndrome, lumbar; radiculitis, lumbar; lumbago; degenerative intervertebral disc, lumbar; pain in soft tissue of limb; pain in joint, pelvis and thigh region; myalgia; and insomnia. The IW is status post lumbar fusion (date unknown) due to her industrial injury. There is a Letter of Medical Necessity for Medication from the orthopedic pain specialist in the medical record dated December 3, 2014. This is the only documentation with any clinical information in the 29-page medical record submitted for review. According to the letter, the IW suffers from low back pain, bilateral hip pain radiating down her left lower extremity with aching, numbness and tingling. Physical examination reveals exquisite tenderness to palpation throughout the lumbar spine paraspinals and bilateral sciatic notches and left greater trochanter. She has limited lumbar range of motion limited to 15 degrees flexion, 0 degrees extension, and left and right lateral bend. The IW is currently taking Kadian 20mg, Cymbalta 30mg and 60mg, Flexeril 10mg, Ibuprofen 800mg, Norco 10/325mg, Amitriptyline 25mg, Trazadone 100mg, Lunesta 2mg, and Voltaren gel. According to an RX history included in the medical record, the IW has been taking all of the aforementioned medications since 2011. There are no detailed pain assessments or evidence of objective functional improvement associated with the ongoing use of these medications. The current request is for Ibuprofen 800mg TID #90 for inflammation, Lunesta 2mg (2) tablets at bedtime #60 for insomnia, and Norco 10/325mg 1 tablet every 4 hours #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg TID #90 for inflammation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

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, NSAI

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ibuprofen 800 mg TID #90 for inflammation is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate severe pain. For additional details see the official visibility guidelines. In this case, the injured worker's diagnoses listed are chronic postoperative pain; post laminectomy syndrome, lumbar; radiculitis, lumbar; lumbago; degeneration intervertebral disc, lumbar; paint soft tissues limb; pain in joint, pelvic and thigh region; myalgia; and insomnia. The list of medications in the plan did not contain amitriptyline. The injured worker was taking Kadian, Cymbalta, Flexeril, ibuprofen, Norco 10/325 mg, and Voltaren 1% topical gel. The patient has been using the medications and has seen good results with decreased pain and increase function. It is unclear whether the latter sentence refers to all of the medications for the topical gel. The documentation indicates ibuprofen was prescribed as far back as March 15, 2011. The documentation contains a single letter of medical necessity from orthopedic pain specialists. This was dated December 3, 2014. There was no other documentation in the medical record. There was no indication of objective functional improvement in the medical record. Consequently, absent clinical documentation to support the ongoing use of ibuprofen and objective functional improvement, ibuprofen 800 mg TID #90 for inflammation is not medically necessary.

Lunesta 2mg, 2 tabs at bedtime #60 for insomnia: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Insomnia treatment, Lunesta

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: Pursuant to the Official Disability Guidelines, Lunesta 2 mg, two tablets at bedtime #60 for insomnia is not medically necessary. Lunesta is not recommended for long-term use, but is recommended for short-term use. The guidelines recommend limiting use of hypnotics to three weeks maximum the first two months of injury only and discourage its use in the chronic phase. In this case, the injured worker's diagnoses listed are chronic postoperative pain; post laminectomy syndrome, lumbar; radiculitis, lumbar; lumbago; degeneration intervertebral disc,

lumbar; pain soft tissues limb; pain in joint, pelvic and thigh region; myalgia; and insomnia. The list of medications in the plan did not contain amitriptyline. The injured worker was taking Kadian, Cymbalta, Flexeril, ibuprofen, Norco 10/325 mg, and Voltaren 1% topical gel. The documentation states that injured worker was taking Lunesta as far back as December 6, 2011. Additionally, the injured worker was taking trazodone and amitriptyline concurrently. There is a single letter of medical necessity dated December 3, 2014. Lunesta, amitriptyline and trazodone are not documented in a letter of medical necessity. There are no other progress notes addressing the use of any of these medications. Consequently, absent clinical documentation to support the ongoing use of Lunesta and a clinical rationale for ongoing Lunesta, Lunesta 2 mg, two tablets at bedtime #60 for insomnia is not medically necessary.

Norco 10/325mg 1 tab Q4 #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, 124.

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 the Official Disability Guidelines, the Norco 10/325 mg one tablet every four hours #180 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 ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improved quality of life. Lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's diagnoses listed are chronic postoperative pain; post laminectomy syndrome, lumbar; radiculitis, lumbar; lumbago; degeneration intervertebral disc, lumbar; pain soft tissues limb; pain in joint, pelvic and thigh region; myalgia; and insomnia. The documentation indicates Norco has been prescribed by the treating physician as far back as 2011. There is a letter of medical necessity in the medical record with a very cursory physical examination. There is no documentation in the medical record evidencing Norco's efficacy or objective functional improvement. Consequently, absent clinical documentation evidencing Norco's efficacy and objective functional improvement over the protracted course since 2011, Norco 10/325 one tablet every four hours #180 is not medically necessary.