

Case Number:	CM14-0211436		
Date Assigned:	12/24/2014	Date of Injury:	09/21/2001
Decision Date:	02/13/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/17/2014

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 Family Practice, and is licensed to practice in Ohio. 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 is a 51 year old male with dates of injury of 9-24-2001 and 9/2013. He has had ACL repair of the right knee in 2005 and a lumbar fusion on 2/12/2014. He complains of low back pain without radiation, right shoulder pain, and right knee pain. The physical exam shows diminished lumbar range of motion with tenderness of the lumbar paravertebral muscles and right-sided facet joints. The straight leg raise exam is positive on the right and there is a loss of sensation to the right leg in a dermatomal pattern. The right shoulder exhibits diminished range of motion and the right hip shows tenderness across the piriformis muscle. On 11-12-2014 the treating physician notes that the injured worker has increased shoulder and knee stiffness with the colder weather and that he continues with difficulty sleeping. Celebrex 200 mg a day was added for the winter months and Sonata 5 mg was added at bedtime as needed for sleep. The review of systems has consistently noted no gastrointestinal issues. At issue is a request for Norco 10/325 mg #120, Sonata 5 mg #30 and one refill, and Celebrex 200 mg #30 and 1 refill. The Norco was modified by utilization review citing MTUS guidelines stating that no evidence of pain/functional improvement has been shown. Celebrex was not certified as there was no rationale for this class of NSAID. Sonata was not certified as details regarding the sleep issues were lacking.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: Those prescribed opioids chronically should have ongoing assessment of pain, functionality, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued when pain and functionality improve as a consequence of the medication. In this instance, general statements regarding the '4 A's of opioid medication management' are included within the medical record. However, questions regarding pain relief from Norco or any changes in functionality as a consequence are lacking in the medical record for this injured worker. Customary questions include worst pain, average pain, and least pain, duration of analgesia from medication, and time to onset of analgesia from the medication. This line of inquiry is not found within the record provided. Therefore, Norco 10/325 mg #120 was not medically necessary. Modified quantities of Norco have already been certified to allow for weaning.

Celebrex 200mg #30 w/ 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), NSAIDs, GI Symptoms & Cardiovascular Risk

Decision rationale: NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs (like Celebrex) in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxen being the safest drug). There is no evidence of long-term effectiveness for pain or function. Non-selective NSAIDs like naproxen or Ibuprofen are recommended when the patient has no gastrointestinal (ulceration) or cardiac risk factors (for myocardial infarction). In this instance, there appear to be no risk factors for gastric ulceration or cardiovascular events like myocardial infarction. The injured worker has not demonstrated intolerance for other, non-selective NSAIDs like Ibuprofen or naproxen. Therefore, Celebrex 200 mg #30 was not medically necessary.

Sonata 5mg #30 w/1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Moore & Jefferson: Handbook of Medical Psychiatry

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

Decision rationale: It is recommended that insomnia treatment be based upon etiology. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. Zaleplon (Sonata) is a non-benzodiazepine sedative hypnotic agent which reduces sleep latency. Because of its short half-life (one hour), may be re-administered upon nocturnal waking provided it is administered at least 4 hours before wake time. This medication has a rapid onset of action. Short-term use (7-10 days) is indicated with a controlled trial showing effectiveness for up to 5 weeks. Eszopicolone (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 instance, the specific component of sleep disturbance has not been addressed. The provision of #30 Sonata 5 mg with one refill provides medication beyond the 35 day time-frame recommended. As such, Sonata 5 mg #30 with one refill is not medically appropriate or necessary in accordance with the referenced guidelines.