

Case Number:	CM14-0043578		
Date Assigned:	07/02/2014	Date of Injury:	06/24/1987
Decision Date:	04/15/2015	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/10/2014

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. 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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53-year-old male who reported an injury on 06/24/1987. The mechanism of injury was the injured worker fell 20 feet off of a ladder. The injured worker was noted to undergo a lumbar spine fusion. The injured worker's medications included opiates as of at least 2012. The injured worker underwent an MRI and CT scan. The injured worker was noted to utilize opiates and Valium since 2012. The injured worker underwent x-rays of the lumbar spine. The injured worker underwent urine drug screens. The most recent documentation was noted to be 03/03/2014. The documentation indicated the injured worker had back pain with the weather. The injured worker's medications were doing okay. The physical examination was handwritten and difficult to read. The diagnosis included chronic pain. The treatment plan included OxyContin 30 mg every 8 hours, Norco 10/325 mg #240, Lunesta 3 mg #30, and Valium 5 mg twice a day #60. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Norco 10/325mg, #240 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78. Decision based on Non-MTUS Citation www.dea.gov/index.shtml.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. On October 6, 2014, a Drug Enforcement Administration (DEA) decision to restrict access to hydrocodone combination pain relievers (HCPs) went into effect. Medications like Lortab, Norco, Vicodin and generic formulations have been moved from Schedule III to Schedule II. The daily morphine equivalent dosing would be 250 mg, which exceeds guideline recommendations. There was a lack of documentation of objective functional improvement and an objective decrease in pain, as well as side effects. The request as submitted failed to indicate the quantity of medication being requested. There was a lack of documentation of exceptional factors for non-adherence to DEA Guidelines. The frequency was not provided per the submitted request. Given the above, the request for 1 prescription of Norco 10/325 mg with 1 refill is not medically necessary.

1 Prescription of Valium 5mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The California Medical Treatment Utilization Guidelines do not recommend the use of benzodiazepines for longer than 4 weeks due to the possibility of psychological or physiological dependence. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. The clinical documentation submitted for review failed to provide documentation of objective functional improvement and exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 1 prescription of Valium 5 mg #60 is not medically necessary.

1 Prescription of Lunesta 3mg, #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Mental Illness & Stress) 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 Chapter, Eszopicolone (Lunesta).

Decision rationale: The Official Disability Guidelines indicates the use of Lunesta is for the short-term treatment of insomnia, generally 2 - 3 weeks. The efficacy of the medication was not provided. There was a lack of documentation of exceptional factors. The request as submitted failed to provide the frequency. There was a lack of documented rationale for one refill without re-evaluation. Given the above, the request for Lunesta 3mg, #30 with 1 refill is not medically necessary.