

Case Number:	CM15-0004975		
Date Assigned:	01/16/2015	Date of Injury:	01/16/2002
Decision Date:	03/11/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/09/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 50 year old female, who sustained an industrial injury on 1/16/2002. On 1/9/15, the injured worker submitted an application for IMR for review of Norco 10/325mg #120, and Lunesta 3mg #30, and Soma 350mg #90. The pain improved from 10/10 to 8/10 with medication. Previously in July 2014 her pain was 5/10 with medication. She had been on the same regimen of medications for several months. The treating physician reports requested medication is for right shoulder and bilateral wrist pain/right carpal tunnel syndrome. The documentation indicates the injured worker has a poor quality of sleep due to pain without medications. This provider is treating the diagnosis of right elbow pain, right lateral epicondylitis and right spasm of muscle. Treatment to date has included chiropractic therapy and medication for pain and sleep. On 12/16/14, Utilization Review non-certified for Norco 10-325mg #120 and Soma 350mg #90 per the CA MTUS Chronic Pain Medical Treatment Guidelines due to no weaning schedule provided. Lunesta 3mg #30 was not certified per ODG, Pain Chapter, and Insomnia Treatment.

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 Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months with worsening pain scores and minimal change in function. Long-term use of opioids can lead to tolerance. The continued and chronic use of Norco is not medically necessary.

Lunesta 3mg #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, Pain Chapter, Insomnia Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation insomnia

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. 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. Lunesta is the only medication approved for longer than 35 days. In this case, the claimant had been on the medication for several months. The sleep etiology was not specified. Prior behavioral interventions or psychotherapy were not noted. Long-term use of all insomnia medications is not recommended. The continued use of Lunesta is not medically necessary.

Soma 350mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carsiprodolol Page(s): 29.

Decision rationale: According to the MTUS guidelines, SOMA is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and

relaxant effects. As a combination with hydrocodone, an effect that some abusers claim is similar to heroin. In this case, it was combined with hydrocodone which increases side effect risks and abuse potential. The use of SOMA is not medically necessary.