

Case Number:	CM15-0106213		
Date Assigned:	06/10/2015	Date of Injury:	03/30/2001
Decision Date:	07/13/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/02/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47-year-old female who sustained an industrial injury on March 30, 2001. She has reported severe back pain and left leg pain and has been diagnosed with failed back syndrome, post discectomy at L4-5 and subsequent anterior and posterior fusion at L4-5, cervical pain with probable degenerative disc disease or arthritic changes with possible radiculopathy, possible cubital tunnel syndrome, left upper extremity, fractured coccyx, healed, right foot pain, etiology unknown, and right ankle injury, resolved. Treatment has included medical imaging, medications, injections, and surgery. The injured worker ambulated slowly with a steady gait without the use of a device. There was decreased range of motion of the back due to pain and tenderness. There was decreased range of motion to the bilateral hips and knees. There was crepitus and right wrist tenderness. The treatment request included Lunesta, Relafen, and Norco. A progress report dated January 13, 2015 states that the patient has continued benefit with the use of Norco and Relafen. She uses Norco primarily after work and takes Relafen during the day. The medications allow her to continue full-time work with no intolerable side effects. Lunesta allows the patient to fall asleep, stay asleep, and awaken well rested. She uses the medication 4-7 times per week as needed and does not take it on weekends. She continues to use gabapentin for neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg quantity 30 with two refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Pain, Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) Chronic Pain, Sleep Medication, Insomnia treatment.

Decision rationale: Regarding the request for Lunesta (eszopiclone), California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is no statement indicating what behavioral treatments have been attempted for the condition of insomnia. Additionally, there is no indication that Lunesta is being used for short-term use as recommended by guidelines. In the absence of such documentation, the currently requested Lunesta (eszopiclone) is not medically necessary.

Relafen 750mg quantity 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R Page(s): 67-72 of 127.

Decision rationale: Regarding the request for Relafen (nabumetone), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, it appears that this medication is improving the patient's pain and allowing her to continue working. No intolerable side effects are noted. As such, the currently requested Relafen (nabumetone) is medically necessary.

Norco 10/325mg quantity 75: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco, California Pain, Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up

is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects. It is acknowledged, that there should be better documentation of specific analgesic benefit, and monitoring for abuse. However, since the medication allows the patient to continue working, the currently requested Norco is medically necessary.