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| Case Number: | CM15-0130297 | | |
| Date Assigned: | 07/16/2015 | Date of Injury: | 09/17/1991 |
| Decision Date: | 08/18/2015 | UR Denial Date: | 06/02/2015 |
| Priority: | Standard | Application Received: | 07/06/2015 |

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, North Carolina
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 72-year-old male, who sustained an industrial injury on 9/17/1991. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar facet joint arthropathy, thoracic back pain, lumbar spinal stenosis and knee pain. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 5/22/2015, the injured worker complains of low back and mid thoracic pain, rated 6/10 without medications and 4/10 with medications and bilateral lower extremities knee pain. Physical examination showed decreased thoracic and lumbar range of motion. The treating physician is requesting Norco 10/325 mg #180 and Melatonin 5 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

Decision rationale: CA MTUS Guidelines state that Norco is indicated for moderate-severe neuropathic pain. It is intended for short-term use. For patients with chronic back pain, long-term efficacy is unclear and limited. In this case, the patient has been prescribed long-term Norco without significant quantifiable evidence of overall functional improvement. The patient's pain level remains unchanged despite decreased quantities of medication, suggesting the ineffectiveness of the medication. Documentation submitted also does not provide the required long-term tracking parameters for opioid use. Guidelines recommend discontinuing opioids when there is a lack of functional improvement. Therefore, the request for Norco 10/325 #180 is not medically necessary.

One (1) prescription of Melatonin 5mg #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 (ODG) 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) Pain (Chronic): Melatonin.

Decision rationale: Ca MTUS is silent regarding Melatonin. ODG states that Melatonin is recommended for delayed sleep phase syndrome and rapid eye movement sleep behavior disorders. In this case, there is no documentation indicating that the claimant has either of these disorders. Therefore the request is deemed not medically necessary or appropriate.