

Case Number:	CM15-0130476		
Date Assigned:	07/16/2015	Date of Injury:	06/10/2002
Decision Date:	08/12/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/07/2015

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: New Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 48 year old male who sustained an industrial injury on 06/10/2002 while lifting scrap pieces of steel. The injured worker was diagnosed with lumbar degenerative disc disease, lumbar facet arthropathy and left leg pain. The injured worker is status post right total knee arthroplasty in October 2012, revision of right total knee with exploration, complete synovectomy, removal of scar and tibial liner exchange in December 2013 and lumbar fusion (no date documented). Treatment to date has included diagnostic testing, surgery, Botox injections to the lower back, trigger point injections, lumbar epidural steroid injections (latest on March 9, 2015), acupuncture therapy, aquatic therapy, physical therapy, Toradol and Dilaudid intramuscularly at emergency room visits (May 2015) and medications. According to the primary treating physician's progress report on June 24, 2015, the injured worker continues to experience flare ups of uncontrolled low back pain. The injured worker rates his pain level at 9/10. Examination of the lumbar spine demonstrated an antalgic gait with left leg weakness at 4/5 with difficulty transferring. Range of motion was decreased due to pain. There was positive tenderness, left greater than right with sensory deficits at L2-4 dermatomal distribution and bilateral buttock numbness. Range of motion of the right knee was decreased and there was tenderness to palpation with positive swelling. The injured worker received Demerol 100mg intramuscularly at the office visit. The injured worker defers spinal cord stimulator (SCS) and psychiatric evaluation at this time. Current medications are listed as Oxycodone 15mg three times a day, OxyContin ER 30mg, Cymbalta, Motrin, Lunesta, Ambien and Omeprazole. Treatment plan consists of Tivorbex 40mg trial, continuing stretching and activities and the current request for Demerol 100mg intramuscularly (DOS: 06/24/2015), Norco 10/325mg and Lunesta.

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 Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient's file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #120 is not medically necessary.

Lunesta 3mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-Benzodiazepine sedative-hypnotics; Benzodiazepine-receptor agonists <http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>.

Decision rationale: According to ODG guidelines, non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes Zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which mean they have potential for abuse and dependency. Lunesta is not recommended for long-term use to treat sleep problems. Furthermore, there is no documentation of the use of non pharmacologic treatment for the patient's sleep issue. There is no documentation and characterization of any recent sleep issues with the patient. Therefore, the prescription of Lunesta 3mg #30 is not medically necessary.

Demerol 100mg, 1M x 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Meperidine (Demerol). <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, Meperidine, "not recommended for either acute or chronic pain control. (Lexi-Comp, 2008) Meperidine is a narcotic analgesic, similar to morphine, and has been used to relieve moderate to severe pain. The AGS updated Beers criteria for inappropriate medication use includes meperidine. (AGS, 2012) Agonist-antagonists such as meperidine (Demerol) should never be used for either acute or chronic pain. (Ray, 2013). Based on the above recommendation the prescription of Demerol 100mg, 1M x 1 is not medically necessary.