

Case Number:	CM15-0140843		
Date Assigned:	07/30/2015	Date of Injury:	01/09/2001
Decision Date:	09/02/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/20/2015

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

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 54 year old male who sustained an industrial injury on 1-9-01. The diagnosis is degeneration of cervical intervertebral disc; cervical disc disease with chronic neck pain. In a clinical note dated 6-16-15, the treating physician notes active medications as Carisoprodol, Sertraline, Simvastatin, Lunesta, Norco, Ibuprofen, Losarten, Remeron, and Atenolol. Pain radiates into the left side of the neck at times and approaches a 7 out of 10 rating. It is noted that he has cut back the Norco to 3-4 daily and needs it as well as the Soma, Lunesta and Ibuprofen. It is noted that he is permanently disabled. An MRI showed a stable fusion and arthritis; little change from the previous MRI. The requested treatment is for prescriptions dated 6-16-15: Soma 350mg #90 with 3 refills, quantity 360, Norco 10-325mg 4 times daily #120 with second prescription with 3 refills, quantity 240, and Lunesta 3mg at bedtime #30 with 3 refills, quantity 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #90 with 3 refills (Rx 6/16/15) qty 360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The patient presents with neck pain. The pain is worse early in the morning and then again in the evening, and approaches 7/10. The request is for Soma 350MG #90 with 3 refills (Rx 6/16/15) Qty 360. The request for authorization is dated 06/16/15. MRI of the cervical spine, 03/27/15, shows multiple cervical canal stenosis and foraminal narrowing; multiple cervical spondylolisthesis; solid interbody fusion at C5-6. He has cut back the Norco to 3-4 daily, and needs it as well as the Soma, Lunesta and Ibuprofen refilled. He has cut the latter back to once daily. Patient's medications include Carisoprodol, Sertraline, Simvastatin, Lunesta, Norco, Ibuprofen, Losartan, Remeron, and Atenolol. Per progress report dated 07/27/15, the patient is permanently disabled. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. Treater does not specifically discuss this medication. MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. However, patient has been prescribed Soma since at least 01/22/15. The request for additional Soma #90 with 3 refills does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.

Norco 10/325mg 4 times daily #120 with second prescription with 3 refills (Rx 6/16/15) qty 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Criteria for use of Opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient presents with neck pain. The pain is worse early in the morning and then again in the evening, and approaches 7/10. The request is for Norco 10/325mg 4 times daily #120 with second prescription with 3 refills (Rx 6/16/15) QTY 240. The request for authorization is dated 06/16/15. MRI of the cervical spine, 03/27/15, shows multiple cervical canal stenosis and foraminal narrowing; multiple cervical spondylolisthesis; solid interbody fusion at C5-6. He has cut back the Norco to 3-4 daily, and needs it as well as the Soma, Lunesta and Ibuprofen refilled. He has cut the latter back to once daily. Patient's medications include Carisoprodol, Sertraline, Simvastatin, Lunesta, Norco, Ibuprofen, Losartan, Remeron, and Atenolol. Per progress report dated 07/27/15, the patient is permanently disabled. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument

or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Treater does not specifically discuss this medication. Patient has been prescribed Norco since at least 01/22/15. MTUS requires appropriate discussion of the 4 A's, however, in addressing the 4 A's, treater does not discuss how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed, specifically showing significant pain reduction with use of Norco. No validated instrument is used to show functional improvement. There are no documentation or discussion regarding adverse effects and aberrant drug behavior. No UDS, CURES, or opioid contract. Given the lack of documentation, the request does not meet guidelines indication. Therefore, the request is not medically necessary.

Lunesta 3mg at bedtime #30 with 3 refills (Rx 6/16/15) qty 120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, insomnia.

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

Decision rationale: The patient presents with neck pain. The pain is worse early in the morning and then again in the evening, and approaches 7/10. The request is for Lunesta 3mg at bedtime #30 with 3 Refills (Rx 6/16/15) Qty 120. The request for authorization is dated 06/16/15. MRI of the cervical spine, 03/27/15, shows multiple cervical canal stenosis and foraminal narrowing; multiple cervical spondylolisthesis; solid interbody fusion at C5-6. He has cut back the Norco to 3-4 daily, and needs it as well as the Soma, Lunesta and Ibuprofen refilled. He has cut the latter back to once daily. Patient's medications include Carisoprodol, Sertraline, Simvastatin, Lunesta, Norco, Ibuprofen, Losartan, Remeron, and Atenolol. Per progress report dated 07/27/15, the patient is permanently disabled. ODG-TWC, Mental Illness & Stress Chapter, under Eszopicolone (Lunesta) Section states, "Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase... The FDA has lowered the recommended starting dose of eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women." Treater does not specifically discuss this medication. The patient has been prescribed Lunesta since at least 01/22/15. However, the treater does not document or discuss the medication's efficacy and how it has been or is to be used. Furthermore, the request for additional Lunesta #30 with 3 refills would exceed MTUS recommendation and does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.