

Case Number:	CM15-0149032		
Date Assigned:	08/12/2015	Date of Injury:	08/10/2007
Decision Date:	09/21/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/31/2015

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: Emergency 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 56-year-old female who sustained an industrial injury on 8-10-07. The injured worker was diagnosed as having lumbosacral spondylosis without myelopathy, impingement syndrome shoulder, depression due to general medical condition, lumbar degenerative disc disease, and other affections of shoulder region. Currently, the injured worker reported pain in the lower back and right shoulder. Previous treatments included psychological treatment, oral pain medication, non-steroidal anti-inflammatory drugs, topical analgesics, medial branch blocks and radiofrequency ablation of the lumbar back. Previous diagnostic studies included radiographic studies. Work status was noted as cleared to return to usual and customary work and Permanent and Stationary. The injured workers pain level was noted as 8 out of 10 at its worse and 6 out of 10 on average. Physical examination was notable for an antalgic gait, tenderness to the supraspinatus and infraspinatus muscles bilaterally, straight leg raising test negative bilaterally and lumbar spine positive for back pain. The plan of care was for Norco 10-325 milligrams quantity of 45, Valium 5 milligrams quantity of 15 and Eszopiclone 1 milligrams quantity of 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #45: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82; Opioid Dosing, Page 86 Page(s): 78-82, 86.

Decision rationale: The requested Norco 10/325mg #45, is medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures; and Opioid Dosing, Page 86, note "In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents." The injured worker has pain in the lower back and right shoulder. Previous treatments included psychological treatment, oral pain medication, non-steroidal anti-inflammatory drugs, topical analgesics, medial branch blocks and radiofrequency ablation of the lumbar back. Previous diagnostic studies included radiographic studies. Work status was noted as cleared to return to usual and customary work and Permanent and Stationary. The injured workers pain level was noted as 8 out of 10 at its worse and 6 out of 10 on average. Physical examination was notable for an antalgic gait, tenderness to the supraspinatus and infraspinatus muscles bilaterally, straight leg raising test negative bilaterally and lumbar spine positive for back pain. The treating physician has documented functional benefits of its use, in that the injured worker has been returned to full work duty. The criteria noted above having been met for this low opiate load medication, Norco 10/325mg #45 is medically necessary.

Valium 5mg #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The requested Valium 5mg #15, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The injured worker has pain in the lower back and right shoulder. Previous treatments included psychological treatment, oral pain medication, non-steroidal anti-inflammatory drugs, topical analgesics, medial branch blocks and radiofrequency ablation of the lumbar back. Previous diagnostic studies included radiographic studies. Work status was noted as cleared to return to usual and customary work and Permanent and Stationary. The injured workers pain level was noted as 8 out of 10 at its worse and 6 out of 10 on average. Physical examination was notable for an antalgic gait, tenderness to the supraspinatus and infraspinatus muscles bilaterally, straight leg raising test negative bilaterally and lumbar spine positive for back pain. The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above having not been met, Valium 5mg #15 is not medically necessary.

Eszopiclone 1mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Eszopicolone (Lunesta), Insomnia treatment.

Decision rationale: The requested Eszopiclone 1mg #30, is not medically necessary. CA MTUS is silent and ODG - Pain, Eszopicolone (Lunesta), Insomnia treatment, noted that it is "Not recommended for long-term use"; and "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." The injured worker has pain in the lower back and right shoulder. Previous treatments included psychological treatment, oral pain medication, non-steroidal anti-inflammatory drugs, topical analgesics, medial branch blocks and radiofrequency ablation of the lumbar back. Previous diagnostic studies included radiographic studies. Work status was noted as cleared to return to usual and customary work and Permanent and Stationary. The injured workers pain level was noted as 8 out of 10 at its worse and 6 out of 10 on average. Physical examination was notable for an antalgic gait, tenderness to the supraspinatus and infraspinatus muscles bilaterally, straight leg raising test negative bilaterally and lumbar spine positive for back pain. The treating physician has not documented details of current insomnia nor sleep hygiene modification attempts, nor rule out other causes of insomnia. The criteria noted above having not been met, Eszopiclone 1mg #30 is not medically necessary.