

Case Number:	CM15-0168686		
Date Assigned:	09/09/2015	Date of Injury:	09/04/2014
Decision Date:	10/23/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/27/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 60 year old female, who sustained an industrial injury on 9-04-2014. Diagnoses include cervical sprain-strain, lumbar spondylosis and bilateral wrist sprain. Treatment to date has included diagnostics, medications, approximately 4 sessions of acupuncture, modified activity and work, and physical therapy. Per the handwritten Primary Treating Physician's Progress Report dated 7-16-2015, objective findings included tenderness of the lumbar spine and positive Kemp's. There was bilateral wrist swelling and tenderness to palpation. On 6-23-2015, she reported low back pain rated as 8 out of 10 that traveled to the bilateral legs, left side greater than right with numbness and tingling. Work status was temporarily totally disabled. The plan of care included, and authorization was requested on 7-16-2015, for Norco, Anaprox, Fexmid, Sonata, Prolign LSO brace, and wrist wraps. On 7-30-2015, Utilization Review certified a urine drug screen and Norco 10-325mg #60 and non-certified the requests for Fexmid 7.5mg #60, Sonata 10mg #30, and a Prolign LSO (lumbar) brace based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, 1 by mouth every 12 hours as needed, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Per the MTUS, opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances, Opioids should be continued if the patient has returned to work or has improved functioning and pain. Ongoing management actions should include prescriptions from a single practitioner, taken as directed and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Documentation should follow the 4 A's of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Long-term users of opioids should be regularly reassessed. In the maintenance phase, the dose should not be lowered if it is working. Also, patients who receive opioid therapy may sometimes develop unexpected changes in their response to opioids, which includes development of abnormal pain, change in pain pattern, persistence of pain at higher levels than expected when this happens opioids can actually increase rather than decrease sensitivity to noxious stimuli. It is important to note that a decrease in opioid efficacy should not always be treated by increasing the dose or adding other opioids, but may actually require weaning. A review of the injured workers medical records that are available to me did not reveal any documentation of improvement in pain and function with the use of Norco, neither were ongoing management actions documented as required by the guidelines, without this information it is not possible to establish medical necessity, therefore the request for Norco is not medically necessary.

Fexmid 7.5mg, 1 by mouth 2 times a day, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: Per the MTUS, Cyclobenzaprine is recommended as an option in the treatment of chronic pain using a short course of therapy. It is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment suggesting that shorter courses may be better. Treatment should be brief. Treatment is not recommended for longer than 2-3 weeks. A review of the injured workers medical records that are available to me did not reveal any documentation of improvement in muscle spasms, pain or function with the use of Fexmid as required by the guidelines, without this information, it is not possible to establish medical necessity, therefore the request for Fexmid is not medically necessary.

Sonata 10mg, 1 by mouth every night at bedtime, #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), Pain Chapter - 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) / insomnia treatment.

Decision rationale: The MTUS did not specifically address the use of Sonata, therefore other guidelines were consulted. Per the ODG, Zaleplon (Sonata) reduces sleep latency and is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term, given the risks there is no clear indication for the continued use of this medication in the injured worker, there is no documentation of improvement in sleep latency, the risks outweigh the benefits and the continued use of Sonata is not medically necessary.

Prolign lumbar sacral orthosis (LSO) brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar Supports.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: Per ACOEM in the MTUS, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. A review of the injured workers medical records show that she is no longer in the acute phase; therefore based on the injured workers current clinical presentation and the guidelines the request for Prolign lumbar sacral orthosis (LSO) brace is not medically necessary.