

Case Number:	CM15-0182232		
Date Assigned:	09/23/2015	Date of Injury:	12/20/2001
Decision Date:	10/27/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/16/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 64 year old female who sustained an industrial injury on December 20, 2001. A recent primary treating office visit dated July 16, 2015 reported "Vicodin helps pain", "relief within 30 minutes after Vicodin." The diagnosis of low back pain noted applied to this visit. The plan of care noted refilling Vicodin 5mg 300mg #60, Lunesta 2mg, #30, and Colace 100mg #60. A secondary treating office visit dated February 12, 2015 reported subjective pain level at "2 in intensity out of 10." Low back pain radiating to right lower extremity. The plan of care noted: refilling medications Vicodin, Lunesta. There is note of "counseled patient regarding Norco" "wean Norco down twice daily. Primary follow up dated March 19, 2015 reported pain level of "6" in intensity out of 10. April 23, 2015 primary follow up noted: "encourage to decrease down on Vicodin to 1.5 pills daily." Medications noted with refills. At primary follow up dated May 21, 2105, medications noted with two refills. Primary follow that next month of June 18, 2015 reported: the patient still with one refill for Lunesta, and Colace, but needs refill of Vicodin. On July 16, 2015 a request was made for Vicodin 10mg 300mg that was noted denied due to inadequate documentation regarding narcotic protocol regarding both weaning from medications and plan of treatment care with use of Opioids per the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2mg #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, 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 section, Lunesta.

Decision rationale: Pursuant to the Official Disability Guidelines, Eszopicolone (Lunesta) 2 mg #30 is not medically necessary. Lunesta is not recommended for long-term use, but recommended for short-term use. The guidelines recommend limiting hypnotics to three weeks maximum in the first two months of injury only. Pain specialists rarely, if ever, recommend them for long-term use. They can be habit forming and may impair function and memory more than opiate pain relievers. See the guidelines for additional details. In this case, the injured worker's working diagnoses are lumbar spine disc rupture with radiculopathy; status post left clavicular fracture; possible right knee internal derangement. Date of injury is December 20, 2001. Request for authorization is August 25, 2015. The medical record contains 40 pages. According to the progress notes dated February 12, 2015, heart medications included Vicodin, Lunesta and Colace. The treatment plan states mean Vicodin to two tablets per day according to a July 16, 2015 progress note, subjective complaints include low back pain 6/10. There are no subjective complaints of insomnia sleep difficulties. Objectively, there is decreased range of motion lumbar spine. There is no documentation demonstrating objective functional improvement with Lunesta. Lunesta is not recommended for long-term use, but recommended for short-term use. Lunesta has been prescribed in excess of five months. Lunesta is not recommended however, the long-term use. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of insomnia or sleep difficulties, no documentation demonstrating objective functional improvement and guideline non-recommendations for long-term use, Eszopicolone (Lunesta) 2 mg #30 is not medically necessary.

Vicodin 5/300mg #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 for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Vicodin 5/300mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no

overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbar spine disc rupture with radiculopathy; status post left clavicular fracture; possible right knee internal derangement. Date of injury is December 20, 2001. Request for authorization is August 25, 2015. The medical record contains 40 pages. According to the progress notes dated February 12, 2015, heart medications included Vicodin, Lunesta and Colace. The treatment plan states mean Vicodin to two tablets per day according to a July 16, 2015 progress note, subjective complaints include low back pain 6/10. Objectively, there is decreased range of motion lumbar spine. There are no directions for Vicodin #60 in the medical record. There is no documentation demonstrating objective functional improvement. There are no detailed pain assessments or risk assessment. There is no documentation demonstrating objective functional improvement. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no detailed pain assessments or risk assessments and no documentation demonstrating objective functional improvement, Vicodin 5/300mg #60 is not medically necessary.