

Case Number:	CM15-0183715		
Date Assigned:	09/24/2015	Date of Injury:	01/08/2005
Decision Date:	10/30/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/18/2015

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, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 58 year old female whose date of injury was January 8, 2005. The medical records (9-9-2015) indicated the injured worker was treated for carpal tunnel syndrome bilaterally, cubital tunnel syndrome bilaterally, epicondylitis, bilateral shoulder impingement, due to chronic pain and inactivity, weight gain; and due to chronic pain, elements of sleep, depression and weight gain. Objective findings included satisfactory shoulder motion, tenderness along the rotator cuff, acromioclavicular joint and biceps on the right side with findings of impingement and weakness. She had tenderness to palpation along the lateral epicondyle on the right side laterally and medial epicondyle to a lesser extent. She had tenderness along the left carpal tunnel. She had not looked for work and was using Cymbalta. She had access to a hot and cold wrap and access to soft and rigid braces. She used an elbow sleeve and two-lead TENS unit. She does not have an elbow peripheral artery disease to protect her elbow. A hinged elbow brace was requested and denied. Her chores are minimized. Her medications have included Norco (since at least 6-10-15), Trazodone, Protonix, and Naprosyn. A request for authorization for Norco (dosage not listed) #60 per 9-9-2015 order and Lunesta 2 mg per 9-9-2015 order was received on September 10, 2015. On September 15, 2015, the Utilization Review physician determined Norco (dosage not listed) #60 per 9-9-2015 order and Lunesta 2 mg per 9-9-2015 order were not medically necessary based on CA MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (dosage not listed) Qty 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, Opioids for neuropathic pain, Opioids, specific drug list.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months along with NSAIDS. There was no mention of Tylenol, or weaning failure. The continued and long-term use of Norco is not medically necessary.

Lunesta 2 mg Qty 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 (chronic) - 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 chapter and pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. 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. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Lunesta is indicated for the short-term treatment of insomnia. The claimant was also on Trazadone to assist with sleep in the prior months. Multiple medications are not indicated over time. The etiology of sleep disturbance was not defined or further evaluated. Continued use of Lunesta is not medically necessary.