

Case Number:	CM15-0189036		
Date Assigned:	10/01/2015	Date of Injury:	06/30/2008
Decision Date:	12/23/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/25/2015

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: 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:

This is a 70-year-old male with a date of industrial injury 6-30-2008. The medical records indicated the injured worker (IW) was treated for shoulder pain. In the progress notes (7-2-15, 8-27-15), the IW reported left shoulder pain rated 5 to 6 out of 10 with medications and 9 out of 10 without them. He denied any new problems or side effects. Most recently, he reported his sleep quality was fair, which improved from the previous visit. Medications were Exalgo ER 12mg (since at least 4-2015), Exalgo ER 8mg (since at least 4-2015), Lunesta 3mg (since at least 4-2015), Norco 10-325mg (since at least 4-2015), Diazepam, Fluoxetine, Ranitidine 300mg, Amlodipine, Cholecalciferol, Docusate sodium, Lisinopril and Nitroglycerin patch. The provider stated the 11-20-14 CURES was consistent. The urine drug test on 4-15-15 was inconsistent with his prescribed medications; per the report, Tramadol and its metabolite was detected. His liver and kidney function lab work (11-18-14) was within normal limits, per the provider. The provider reported the IW's medications had not changed in greater than six months and that function and activities of daily living were optimally improved on his current dosages. The pain agreement was reviewed with the IW. On examination (7-2-15 and 8-27-15 notes), he wore a sling on the left shoulder. There was tenderness to palpation of the biceps groove. Movements were restricted with pain. Treatments included failed medications: Silenor, Ambien, Butrans, Duragesic patch, MS Contin, OxyContin, Oxycodone, Percocet and Duexis. In the 4-9-15 notes, the IW reported frequent anxiety and irritability and that he had run out of Norco early due to taking extra medication for increased pain. The IW was 'permanent and stationary'. A Request for Authorization dated 9-9-15 was received for Exalgo ER 12mg, #30, Exalgo ER 8mg, #30,

Norco 10-325mg, #196 and Lunesta 3mg, #25. The Utilization Review on 9-15-15 non-certified the request for Exalgo ER 12mg, #30, Exalgo ER 8mg, #30, Norco 10-325mg, #196 and Lunesta 3mg, #25.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exalgo ER 12mg #30: 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 rationale: The MTUS recommends Exalgo ER for moderate to moderately severe pain. Opioids for chronic pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear, but also appears limited. If the patient does not respond to a time-limited course of opioids it is suggested that an alternate therapy be considered. For the on-going management of opioids there should be documentation of pain relief, functional improvement, appropriate use and side effects. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off narcotic. Exalgo ER 12mg #30 is not medically necessary.

Exalgo ER 8mg #30: 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 rationale: The MTUS recommends Exalgo ER for moderate to moderately severe pain. Opioids for chronic pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear, but also appears limited. If the patient does not respond to a time-limited course of opioids it is suggested that an alternate therapy be considered. For the on-going management of opioids there should be documentation of pain relief, functional improvement, appropriate use and side effects. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off narcotic. Exalgo ER 8mg #30 is not medically necessary.

Norco 10/325mg #196: 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 rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Norco 10/325mg #196 is not medically necessary.

Lunesta 3mg #25: 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 (updated 09/08/2015), online version.

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 Official Disability Guidelines do not recommend the long-term use of any class of sleep aid. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. The patient has been taking Lunesta longer than the maximum recommended time of 4 weeks. Lunesta 3mg #25 is not medically necessary.