

Case Number:	CM15-0192446		
Date Assigned:	10/06/2015	Date of Injury:	12/01/2009
Decision Date:	12/14/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/30/2015

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: 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 34 year old female, who sustained an industrial injury on 12-1-09. Current diagnoses or physician impression includes discogenic cervical condition and right shoulder rotator cuff involvement with mild impingement. Her work status is regular duty avoiding forceful activities or overhead work. Notes dated 6-10-15 - 9-1-15 reveals the injured worker presented with complaints of constant right shoulder pain that radiates up into the right side of her neck, down her arm and into her wrist. She also reports headaches. She is able to do household chores. She is unable to lift a gallon of milk with her right hand due to right shoulder pain. She avoids forceful activities and overhead work due to the pain. Physical examinations dated 5-26-15 - 9-1-15 revealed "grade 4+ strength to resisted abduction" is noted. Range of motion of the shoulder is 90 degrees elevation and abduction, internal rotation is 50 degrees and external rotation is 90 degrees. There is tenderness in the right lateral neck, lateral triangles and with deep pressure it radiates pain onto her shoulder and upper arm. Treatment to date has included TENS unit, physical therapy, psychotherapy, medications; Norco (at least 2 years), Lunesta (at least 2 months) and LidoPro (at least 2 years). Diagnostic studies to date have included cervical MRI revealed C3-C4 and C5-C6 disc disease, electrodiagnostic studies are unremarkable, right shoulder MRI reveals mild tendinitis, per physician note dated 9-1-15 and urine toxicology screens (1-2015). A request for authorization dated 9-1-15 for Norco 10-325 mg #100 is modified to #46, Lunesta 2 mg #30, LidoPro cream x1 and four lead TENS unit (indefinite use) quantity #1 are denied, per Utilization Review letter dated 9-8-15.

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 (ODG), Eszopiclone (Lunesta), See Mental Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental/Stress Chapter--Eszopiclone (Lunesta).

Decision rationale: Eszopiclone (Lunesta) is a prescription short-acting non-benzodiazepine sedative-hypnotic, which is recommended for short-term treatment of insomnia (two to six weeks). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. Lunesta is indicated for the treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. According to the ODG guidelines, non-Benzodiazepine sedative-hypnotics are considered first-line medications for insomnia. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which have potential for abuse and dependency. It appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. Eszopiclone has demonstrated reduced sleep latency and sleep maintenance and is recommended for short-term use. In this case, there is no documentation of the use of sleep hygiene techniques being used to correct sleep deficits. According to the guidelines, "The FDA has lowered the recommended starting dose of Eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women." The treating physician prescribed 2 mg of Lunesta for the injured worker, which exceeds the guideline recommendations. Medical necessity of the requested item has not been established. The requested medication: Lunesta 2mg #30 is not medically necessary and appropriate.

Norco 10/325mg, #100: Upheld

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

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--Opioids.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. "Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It is also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the use of the medication." The CA MTUS

Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. The medical records submitted for review does not include the above recommended documentation. There were no functional improvements noted with the use of the medication. There is no change on medical dependence. Therefore the requested treatment: Norco 10/325mg #100 is not medically necessary and appropriate.

LidoPro cream x1: 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) Online: Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--Lidoderm.

Decision rationale: Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants, or an AED, such as gabapentin or Lyrica). Lidoderm patches are not a first-line treatment and are only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. There is no documentation that the injured worker has failed a trial of antidepressants and anticonvulsants and is intolerant to other medicines. Based on the currently available information in the submitted Medical Records of this injured worker and per review of guidelines, the requested treatment: LidoPro cream x1 is not medically necessary and appropriate.

Four lead TENS unit (indefinite use) x1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

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

Decision rationale: As Per CA MTUS guidelines, TENS unit is not recommended as a primary modality, but a one month home-based trial may be considered if used as an adjunct to a program of evidence-based functional restoration, with documentation of how often the unit was used. A treatment plan that includes the specific short and long-term goals of treatment with TENS unit cannot be located in the submitted Medical Records. MTUS Guidelines do support rental of this unit at the most for one month. Records are not clear if this injured worker has received treatment with transcutaneous electrical nerve stimulation (TENS) unit before, and if this treatment was given then what was the functional improvement. The requested treatment: Four lead TENS unit (indefinite use) is not medically necessary and appropriate.