

Case Number:	CM15-0202143		
Date Assigned:	10/19/2015	Date of Injury:	07/12/2000
Decision Date:	11/25/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/14/2015

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 36 year old female who sustained an industrial injury on 7-12-2000. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder impingement syndrome status post interventional treatment with persistent bicipital tendonitis, impingement syndrome of the left shoulder, lateral epicondylitis on the right and cervical strain. According to the progress report dated 9-8-2015, the injured worker complained of ongoing pain in her neck, right shoulder, right elbow, right wrist and right hand. The progress report did not discuss sleep hygiene or insomnia. Objective findings (9-8-2015) revealed tenderness along the rotator cuff. There was tenderness along the lateral epicondyle and the wrist joint on the right side. Facet inflammation and facet loading was positive with regards to the neck. Treatment has included surgery, right shoulder injections, hot and cold wraps, transcutaneous electrical nerve stimulation (TENS) unit, physical therapy and medications. Current medications (9-8-2015) included Celebrex, Flexeril, Ultracet, Wellbutrin, Norco (since at least 1-2015) and Lunesta (unclear duration). The original Utilization Review (UR) (9-16- 2015) denied requests for Lunesta and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 - Insomnia treatment, Eszopiclone (Lunesta).

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 with difficulty of sleep onset. In this case, the claimant had used the medication for an unknown length of time. The etiology of sleep disturbance was not defined or further evaluated. Continued use of Zolpidem (Ambien) is not medically necessary.

Norco 10/325 mg Qty 120: Upheld

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

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

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 and recent notes did not indicate pain scores. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.