

Case Number:	CM15-0030346		
Date Assigned:	02/24/2015	Date of Injury:	03/16/2012
Decision Date:	04/01/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/18/2015

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: California

Certification(s)/Specialty: Emergency 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 56 year old male, who sustained an industrial injury on March 16, 2012. He has reported back pain when attempting to stand after being down on the floor stocking shelves. The diagnoses have included degenerative disc disease of the lumbar spine with radiculopathy, lumbago, and insomnia secondary to back pain. Treatment to date has included lumbar facet injections, epidural steroid injection (ESI), and medications. Currently, the injured worker complains of right low back pain radiating to the right leg, and numbness of the right great toe. The Provider's visit dated January 21, 2015, noted mild tenderness to palpation of the right lower lumbar spine, with negative bilateral seated straight aise. On January 29, 2015, Utilization Review non-certified Lunesta 2mg QTY: 30 and Norco 5/325mg QTY: 90, noting modification of the request for Norco, with approval for Norco 5/325mg QTY: 60, to allow for submission of documentation regarding guideline compliance, or for downward titration and complete withdrawal of the medication. The UR Physician noted the Lunesta was not medically necessary and appropriate, with weaning not necessary as a #10 supply had already been provided to allow time for the provider to submit objective documentation indicating efficacy. The MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG) were cited. On February 18, 2015, the injured worker submitted an application for IMR for review of Lunesta 2mg QTY: 30 and Norco 5/325mg QTY: 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg per report dated 1/21/2015 Qty 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82.

Decision rationale: The requested Norco 5/325mg per report dated 1/21/2015 Qty 90 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has right low back pain radiating to the right leg, and numbness of the right great toe. The treating physician has documented mild tenderness to palpation of the right lower lumbar spine, with negative bilateral seated straight leg raise. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 5/325mg per report dated 1/21/2015 Qty 90. is not medically necessary.

Luneta 2mg per report dated 1/21/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Pain Procedures Summary, last update 12/31/14, Lunesta.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Eszopicolone (Lunesta), Insomnia treatment.

Decision rationale: The requested Luneta 2mg per report dated 1/21/15, is not medically necessary. CA MTUS is silent and ODG - Pain, Eszopicolone (Lunesta), Insomnia treatment, noted that it is "Not recommended for long-term use"; and "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." The injured worker has right low back pain radiating to the right leg, and numbness of the right great toe. The treating physician has documented mild tenderness to palpation of the right lower lumbar spine, with negative bilateral seated straight leg raise. The treating physician has not documented details of current insomnia not sleep hygiene modification attempts, nor rule out other causes of insomnia. The criteria noted above not having been met, Luneta 2mg per report dated 1/21/15 is not medically necessary.

