

<b>Case Number:</b>	CM15-0046899		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	06/01/2005
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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, District of Columbia, Maryland  
Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 06/01/05. Initial complaints and diagnoses are not available. Treatments to date include medications, right shoulder injection, left shoulder surgery, physical therapy, and lumbar Epidural Steroid Injections. Diagnostic studies include nerve conduction studies, MRIs of the right shoulder and lumbar spine, and x-ray of the knee. Current complaints include lower backache and bilateral shoulder pain. In a progress note dated 02/13/15 the treating provider reports the plan of care as home exercise program and medications to include ibuprofen, Lunesta, and Norco. The requested treatments are Norco and Lunesta.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg quantity 180:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiods  
Page(s): 78, 91.

**Decision rationale:** I respectfully disagree with the UR physician. Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors).The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." The most recent progress note dated March 13, 2015 indicates that there is no objective decrease in pain with usage of Norco as well as an increased ability to function and participate in activities such as yard work and grocery shopping. No side effects or aberrant behavior as urine drug screening has been consistent, there is a signed pain narcotics agreement, and CURES have been appropriate. Considering this, this request for continued usage of Norco 10/325 mg is medically necessary.

**Lunesta 3mg quantity 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.

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

**Decision rationale:** The Official Disability Guidelines recommends that usage of Lunesta be limited to six weeks time as there is concern that it can be habit-forming and may impair function and memory. There is also concern that it may actually increase pain and depression over the long-term. A review of the attached medical record indicates that this medication has been prescribed for an extended period of time. As such, this request for Lunesta is not medically necessary.