

Case Number:	CM15-0055535		
Date Assigned:	03/30/2015	Date of Injury:	03/26/2006
Decision Date:	05/04/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/23/2015

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: Physical Medicine & Rehabilitation

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 54-year-old male, who sustained an industrial injury on March 26, 2006. The injured worker had reported low back pain. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, lumbar intervertebral disc degeneration, lumbago, lumbar spinal stenosis and planter fascial fibromatosis. Treatment to date has included medications, restricted activity and a home exercise program. Current documentation dated March 5, 2015 notes that the injured workers condition was unchanged and his pain level was a five-six on the visual analogue scale with medications. The injured worker was noted to be sleeping five hours a night and was able to perform tasks on his own. Documentation from the prior physician's visit notes the also reported pain in the right ankle and knee which was worsening. The treating physician's plan of care included a request for the medications 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, #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS, Hydrocodone Page(s): 76-78, 88-90.

Decision rationale: Based on the 10/14/14 progress report provided by treating physician, the patient presents with low back pain rated 7-8/10 with and 10/10 without medications, and pain to the right knee, right ankle and left side of hip. The request is for NORCO 10/325MG, #150. No RFA provided. Patient's diagnosis on 10/14/14 included lumbar radiculitis. Patient medications include Norco, Flexeril and Lunesta. With medications, patient is able to perform daily activities like bathing, dressing and toileting. Patient sleeps 5 hours a night. Patient is temporarily totally disabled, per treater report dated 03/05/15. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument." MTUS page 78 also requires documentation of the "4A's" (analgesia, ADLs, adverse side effects, and adverse behavior) as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Norco has been included in patient's medications per treater reports dated 10/14/14, 02/05/15, and 03/26/15. In this case, treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living. Treater has addressed analgesia with numerical pain scales and provided some example of ADL's. However, there are no specific discussions regarding aberrant behavior, adverse reactions, etc. No UDSs, opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Lunesta 3mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Online Version, Chapter: Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Mental & Stress Chapter states: "Eszopicolone (Lunesta).

Decision rationale: Based on the 10/14/14 progress report provided by treating physician, the patient presents with low back pain rated 7-8/10 with and 10/10 without medications, and pain to the right knee, right ankle and left side of hip. The request is for LUNESTA 3MG, #30. No RFA provided. Patient's diagnosis on 10/14/14 included lumbar radiculitis. Patient medications include Norco, Flexeril and Lunesta. With medications, patient is able to perform daily activities like bathing, dressing and toileting. Patient is temporarily totally disabled, per treater report dated 03/05/15. ODG-TWC, Mental & Stress Chapter states: "Eszopicolone (Lunesta): Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. The FDA has lowered the recommended starting dose of eszopiclone (Lunesta) from 2 mg to 1 mg for both men and

women." Treater has not provided reason for the request. Per treater report dated 10/14/14, the patient sleeps 5 hours a night. Lunesta was included in patient's medications per treater report dated 03/26/15. Guidelines allow a short-term use of this medication to address insomnia. ODG recommends short-term use of up to 3 weeks, and patient has been taking the medication for at least 1 month. Furthermore, FDA has lowered the recommended starting dose of Eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women, and the request is for 3mg. The request to refill Lunesta cannot be warranted. Furthermore, Lunesta 3mg dosage is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.