

Case Number:	CM15-0082655		
Date Assigned:	05/05/2015	Date of Injury:	08/06/2002
Decision Date:	07/02/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/30/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 61-year-old female, who sustained an industrial injury on 8/6/02. The injured worker was diagnosed as having chronic cervical intervertebral disc syndrome, right shoulder strain/sprain with adhesive capsulitis, left knee arthroscopic debridement on 7/30/08, thoracic strain/sprain, chronic lumbar radiculopathy, right sacroiliac joint strain/sprain, cervical cephalgia, right carpal tunnel syndrome, and right ulnar neuropathy. Treatment to date has included a lumbar epidural steroid injection, physical therapy, chiropractic treatment, and medication. The injured worker had been taking Norco since at least 6/18/09. Currently, the injured worker complains of headaches, neck pain, mid back pain, low back pain, right and left sacroiliac joint pain, right elbow pain, bilateral leg pain, left knee pain, and right hand numbness and tingling. The treating physician requested authorization for Lunesta 2mg #30, Norco 10/325mg #120, Baclofen 10mg #120 with 3 refills, and Nucynta ER 50mg #45. Notes indicate that the patient's medications improve her activities of daily living and allow her to do light household chores. An opioid risk assessment has been performed and there is no documented intolerable side effects. The patient is working on reducing the overall dose. Lunesta reportedly provides improvement in sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2 MG By Mouth Every Hour #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) Chronic Pain, Sleep Medication, Insomnia treatment.

Decision rationale: Regarding the request for Lunesta (eszopiclone), California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there are no subjective complaints of insomnia, no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, and no statement indicating what behavioral treatments have been attempted for the condition of insomnia. Finally, there is no indication that Lunesta is being used for short-term use as recommended by guidelines. In the absence of such documentation, the currently requested Lunesta (eszopiclone) is not medically necessary.

Norco 10/325 MG By Mouth Every Hour As Needed #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco, California Pain, Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no side effects or aberrant use, and the patient is noted to undergo regular monitoring. It is acknowledged, that there is minimal documentation of analgesic efficacy and specific examples of objective functional improvement. Furthermore, notes do not indicate how much each individual medication helps. However, since the patient and physician are working on reducing the overall dose, a one-month prescription seemed reasonable to allow the requesting physician time to document those things. In light of the above, the currently requested Norco is medically necessary.

Baclofen 10 MG By Mouth QID #120 with 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) page(s): 63-66 of 127.

Decision rationale: Regarding the request for Baclofen, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Baclofen specifically is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement because of the Baclofen. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation. Finally, there is no indication that the medication is being used for the treatment of muscle spasm or spasticity related to multiple sclerosis or a spinal cord injury as recommended by guidelines. In the absence of such documentation, the currently requested Baclofen is not medically necessary.

Nucynta ER 50 MG By Mouth Every 12 Hours Every Day #45: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Nucynta ER, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no side effects or aberrant use, and the patient is noted to undergo regular monitoring. It is acknowledged, that there is minimal documentation of analgesic efficacy and specific examples of objective functional improvement. Furthermore, notes do not indicate how much each individual medication helps. However, since the patient and physician are working on reducing the overall dose, a one-month prescription seemed reasonable to allow the requesting physician time to document those things. In light of the above, the currently requested Nucynta ER is medically necessary.