

Case Number:	CM14-0165434		
Date Assigned:	10/10/2014	Date of Injury:	04/12/1999
Decision Date:	11/12/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/07/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

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 52 year old male with a date of injury on 4/12/1999. He is diagnosed with (a) left-sided lumbar radicular pain, (b) cervical pain, (c) neuralgia, (d) lumbago, (e) lumbar disc disease, (f) facial pain/headache, bilateral greater occipital neuralgia and (g) insomnia related to pain. He has history of multiregional pain involving the low back, neck and legs, hiatal hernia and migraine headaches. His prior treatments include radiological studies, magnetic resonance imaging (MRI) and intradiscal electrothermal therapy to the lumbar spine. Medical reports dated 1/8/2014 through 8/7/2014 document that the injured worker has been utilizing Lunesta 3 mg tablet and Norco 10/325 mg tablet for chronic multiregional pain syndrome. Subsequent examinations performed validate the presence of tenderness with spasm over the paraspinal muscles of the cervical spine and on the paravertebral and paraspinal muscles of the lumbar spine. Objective findings also showed bilateral hand paresthesia, positive straight leg raising and Spurling's tests, and decreased motor strength and sensation following the L4 and L5 dermatomal distributions. Most recent medical record dated 9/4/2014 indicates that the injured worker continued to experience chronic multiregional pain syndrome. No significant change was noted on examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUNESTA 3MG: 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, Insomnia treatment

Decision rationale: Evidence-based guidelines indicate that non-benzodiazepine sedative hypnotics such as Lunesta appear to have similar effects with benzodiazepines and were both indicated for short-term use only. Although Lunesta appears to be the only benzodiazepine-receptor agonist Food and Drug Administration (FDA)-approved for use longer than 35 days, there are no clinical trials or any significant studies that would support the use of this medication beyond a 6-month period. Apparently, the injured worker had exceeded the recommended and acceptable duration for the use of this medication as he has been utilizing Lunesta for more than six months. For this reason, it is clear that the medical necessity of the requested Lunesta 3 mg is not established. Therefore, the request is not medically necessary.

NORCO 10/325MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Weaning of Medications Page(s): 76-80, 124.

Decision rationale: Evidence-based guidelines emphasize that ongoing monitoring for chronic pain injured worker under opioid therapy must include documentation of pain relief, increased level of function or improved quality of life and occurrence of adverse side effects and/or aberrant behaviors. These strictly mandate that opioid therapy can only be reasonably continued if the injured worker was able to return to work and achieve improvement in function and pain. The injured worker however failed to demonstrate objective evidence of significant pain relief and functional improvement despite the chronic use of Norco. In addition, the quantity and frequency of the requested medication are not specified. The evidence-based guidelines clearly mention that clear instructions must be given to injured workers due to the danger of adverse effects especially to chronic users. For these reasons, the medical necessity of the requested Norco 10/325 mg is not established. Therefore, the request is not medically necessary.