

Case Number:	CM14-0180418		
Date Assigned:	11/05/2014	Date of Injury:	04/15/2010
Decision Date:	12/10/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/30/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 67 year old male who was injured on 4/15/2010 during a motor vehicle accident. He was diagnosed with lumbar pain with radiculopathy and regional pain syndrome. He was treated with oral pain medications including opioids, spinal cord stimulation, and surgery (lumbar), but still remained in chronic pain. He also was diagnosed with insomnia related to his chronic pain and was treated with sleep aids for this. On 9/29/14, the worker was seen by a new pain management specialist complaining of his chronic back pain with lower extremity neuropathic pain. He reported taking hydrocodone and Lunesta without adverse effects. He reported trying Ambien and trazodone, neither of which helped. Physical findings included antalgic gait, weakness in right and left lower extremities, allodynia and hyperpathia in lateral aspect of the lower legs, and decreased sensation along L4-5 dermatomes. He was then recommended to have his simulator adjusted, continue his Lunesta and Norco, and follow-up about 2 weeks later.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg #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 online version, Integrated Treatment/Disability Duration Guidelines Insomnia Treatment Eszopicolone (Lunesta)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness section, sedative hypnotics, AND Pain section, insomnia section

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines do not address the use of sedative hypnotics. However, the Official Disability Guidelines (ODG) states that sedative hypnotics are not recommended for long term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, he had been using Lunesta chronically leading up to this request with his new pain specialist after not having success with other medications. However, there was no documented evidence at the time of the request for a refill that showed clear measurable benefit for the reviewer to be able to assess for medical necessity. Without a documented report on sleeping habits, quality, and duration with and without Lunesta and considering Lunesta is not indicated for long-term use, it is considered medically unnecessary at this time.

Norco 10mg/325mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, who had been using Norco chronically leading up to this request by his new pain specialist, there was no documented evidence found in the progress note showing functional or pain-reducing benefit of Norco, although this may have been implied. Without documented proof of measurable functional benefit, Norco is considered medically unnecessary.