

Case Number:	CM14-0185891		
Date Assigned:	11/13/2014	Date of Injury:	07/07/2011
Decision Date:	12/19/2014	UR Denial Date:	11/01/2014
Priority:	Standard	Application Received:	11/06/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 44-year-old male who sustained an injury on 7/7/11. As per the 10/21/14 report, he presented with severe low back pain and discomfort described as shooting sharp pain in the lower back. He rated the pain at 3/10. Examination revealed 50% of normal in flexion and extension of lumbar range of motion and limited bilateral left ankle dorsiflexion on lower extremity range of motion. There were no diagnostic studies and past treatments documented. Current medications include Prilosec, Simvastatin, Nortriptyline, Norco and Motrin. He has been taking his medications regularly. There were no specific benefits of each medication documented but in general pain medications are reportedly vital for him to function. Diagnosis includes status post posterior lumbar interbody fusion with satisfactory progress. The request for Lunesta 4mg #30 with 1 refill was denied, Zanaflex 2mg #60 with 1 refill was denied, Nortriptyline 10mg #60 with 1 refill was denied, Norco 10/325mg #90 was modified to use of generic Norco 10/325 mg #60, and Norco 10/325mg #90 (DOS 10/21/14) was modified to generic use of Norco 10/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 4mg #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Med Lett Drugs notes

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

Decision rationale: MTUS guidelines do not address the issue. Per ODG guidelines, Lunesta (Eszopiclone) is a new hypnotic that is effective for treatment of insomnia of at least 6 months duration, with no evidence of tolerance, dependence or abuse, not recommended for long term use. In this case, there is no documentation of a thorough evaluation to rule out other etiologies of sleep disturbance. Proper sleep hygiene is critical to the individual with chronic pain that has not been addressed. Additionally, it is unclear from the records for how long he has been prescribed this medication since guidelines only recommend short-term use only. Therefore, the request is not medically necessary and is non-certified.

Zanaflex 2mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Zanaflex Page(s): 66.

Decision rationale: According to the CA MTUS guidelines, Tizanidine (Zanaflex) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. In this case, there is no evidence of spasticity or associated neurological disorders. There is no documentation of trial of first line therapy. There is little to no evidence of any significant improvement in function with prior use of this medication. Therefore, the request for Zanaflex 2mg #60 with 1 refill is not medically necessary according to the guidelines.

Nortriptyline 10mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclic antidepressants Page(s): 15.

Decision rationale: Nortriptyline is a tricyclic antidepressant. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. This class of medications works in both patients with normal mood and patients with depressed mood when used in treatment for neuropathic pain. Indications in controlled trials have shown effectiveness in treating central post-stroke pain, post-herpetic neuralgia, painful diabetic and non-diabetic polyneuropathy, and post-mastectomy pain. Tricyclics have not demonstrated significance in randomized-control trials in treating neuropathic cancer pain, phantom limb pain or chronic lumbar root pain. In this case, there is little to no evidence of any neuropathic pain or depression in the submitted medical records. There is no documentation of any significant improvement in pain or function with prior use. Thus, the request is considered not medically necessary due to lack of documentation and in accordance to guidelines.

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 91, 74.

Decision rationale: Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "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. In this case, there is no documentation of any significant improvement in pain level (i.e. VAS) or function with prior use. There is no evidence of urine drug test in order to monitor compliance. Furthermore, conversion to long acting opioids should be considered when continuous around the clock pain management is desired. The medical documents do not support continuation of Norco with current dosing. Therefore, the medical necessity for Norco 10/325mg #90 has not been established based on guidelines and lack of documentation.

Retro: Norco 10/325mg #90 (DOS 10/21/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 91, 74.

Decision rationale: Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "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. In this case, there is no documentation of any significant improvement in pain level (i.e. VAS) or function with prior use. There is no evidence of urine drug test in order to monitor compliance. Furthermore, conversion to long acting opioids should be considered when continuous around the clock pain management is desired. The medical documents do not support continuation of Norco with current dosing. Therefore, the medical necessity for Norco 10/325mg #90 (DOS 10/21/14) has not been established based on guidelines and lack of documentation.