

Case Number:	CM14-0092359		
Date Assigned:	07/25/2014	Date of Injury:	09/22/2011
Decision Date:	09/22/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/18/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 63-year-old female who has submitted a claim for prolonged associated with an industrial injury date of September 22, 2011. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of left-sided low back pain which she described as aching and stabbing. She also had numbness and tingling in the lower extremities with burning pain. Treatment to date has included medications such as Norco, Sonata, Tramadol, Cyclobenzaprine, Ativan, Lexapro, Risperidone and Synthroid. On lumbar spine examination, patient was found to have slight flattening of the lumbar lordosis, a well-healed scar in the posterior lumbar spine region, tenderness in the paraspinous musculature of the left lumbar region, absence of spasm and decreased range of motion. Lower extremity neurologic examination was normal except for a slight abnormality on sensation testing with a pinwheel. Utilization review from June 2, 2014 denied the request for Norco 10/325mg, #90 with one refill and Sonata 10mg, #30 with one refill. The request for Norco was denied because there was no documentation that the Hydrocodone had reduced the patient's pain nor was there any documentation of objective improvement in functional activities. The request for Sonata was denied because the patient had been utilizing the medication beyond the recommended duration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #90 with one refill.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain medical Treatment Guidelines: Opioids Criteria for Use of Opioids and Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78-81.

Decision rationale: According to pages 78-81 of the California MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient had been taking Norco 10/325 mg for pain since at least March 7, 2014. There is no indication of an effort to use the lowest possible dose of Norco. There is also lack of compelling clinical evidence documenting subjective, objective and/or functional improvement as a direct result of use of this medication. In fact, the progress report on May 16, 2014 states that the patient had a 10/10 back pain despite being on opioid. Finally, there is no urine screen provided in the medical records to monitor appropriate medication use. The medical necessity for continued use is not established because the guideline criteria are not met. Therefore, the request for Norco 10/325 mg #90 with one refill is not medically necessary.

Sonata 10mg, #30 with one refill.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Insomnia Treatment.

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 and Stress Chapter, Insomnia Treatment.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, Zaleplon (Sonata) reduces sleep latency. It has a rapid onset of action and short half-life. Short-term use (7-10 days) is indicated, showing effectiveness for up to 5 weeks. Furthermore, guidelines do not support long-term use of this medication. In this case, the patient has been on this medication since at least March 7, 2014. The frequency of use was not specified. There was a note on March 7, 2014 that the patient had sleep issues. However, more recent progress notes did not explore whether the sleep issues had already resolved. Moreover, the requested number also exceeds the recommended treatment period of 7-10 days. Therefore, the request for Sonata 10mg #30 with one refill is not medically necessary.