

Case Number:	CM14-0096833		
Date Assigned:	07/28/2014	Date of Injury:	01/28/2010
Decision Date:	10/02/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	06/25/2014

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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 65-year-old female was reportedly injured on January 28, 2010. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated July 23, 2014, indicated that there were ongoing complaints of chronic neck pain. Partial pain relief was reported in the progress notes. The physical examination demonstrated a sensory loss in the C6 distribution of the left upper extremity, spasms in both upper extremities, and deep tendon reflexes were decreased with at the right brachioradialis. Diagnostic imaging studies were not presented for review. Previous treatment included multiple medications, physical therapy and pain management interventions. A request had been made for multiple medications and was not certified in the pre-authorization process on June 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78,88,91.

Decision rationale: The progress notes indicate that this medication was not endorsed in prior review and the medication methadone was prescribed. The physical examination noted ongoing complaints of pain and no evidence of medicine overuse or intoxication. Furthermore, the sensory changes and motor function changes are unchanged. There is no indication of any improvement in overall functionality or decrease in pain complaints. As outlined in the MTUS, this medication is indicated for management of controlling moderate severe pain. However, the lowest possible dose to improve pain and function are to be used. In that there is no improvement in either functionality or decrease in pain complaints, there is no demonstrated efficacy with the continued use of this preparation. As such, the Norco 10/325mg #120 with 1 refill is not medically necessary.

Lunesta 2mg #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Med Lett Drugs Therapy. 2005 Feb 28; 47 (1203): 17-9

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain chapter, updated September 2014

Decision rationale: It is noted that the MTUS and ACOEM guidelines do not address this medication. The parameters outlined in the ODG were used. As noted in the ODG, this medication is to be used in the short-term to resolve issues of insomnia lasting up to 10 days. It is well understood that sleep hygiene is a crucial point to addressing chronic pain situation. With that point being made, this medication is not indicated for chronic, indefinite daily use. As such, based on the clinical information presented for review, the Lunesta 2mg #30 with 3 refills is not medically necessary.