MAXIMUS Federal Services

Case Number:	CM14-0212025		
Date Assigned:	01/02/2015	Date of Injury:	09/07/2004
Decision Date:	02/26/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Arizona, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker (IW) has a date of injury (DOI) of 09/07/2004 with current diagnoses of chronic low back pain with radiculitis, right shoulder pain, and bilateral carpal tunnel syndrome. In the exam notes of 11/18/2014, the subjective complaints are of ongoing back, shoulder, wrist and hand pain. No intensity rating was given for the pain. The IW at the time of the exam was taking Norco 10/325 three to four times a day, and Lunesta 2 mg at bedtime with Restoril 30 mg on a weaning process dosage at bedtime. No original testing reports accompany the documents presented, however diagnostic studies of negative EMG/NCs in the right lower extremity in the past and negative left hip joint x-rays from 09/2013 are reported. The IW was also reported to have had a MRI from 5/2009 that showed bulging disks at L3-L3 and L4-L5and a MRI of the lumbar spine from 08/19/2009 that was unremarkable. There are no reports of chiropractic or psychological care, and no injections or regimens of physical therapy are reported. The IW is on a home exercise plan of walking and self-guided water therapy. The injured worker had a shoulder replacement 03/2007 due to a fracture resulting from a fall injury from her right leg giving way. This injury is under dispute although a surgical repair was done on 12/09/2013. On the exam of 11/18/2014, the IW had ongoing tenderness to the lumbar paraspinal muscles. The treatment plan presented included continued use of the medications Norco 10/325, and Lunesta 2mg, and a weaning dosage of Restoril. The exercises of walking and self-guided water therapy were encouraged. In July 2014, the claiamant had been on Norco at which time medications imporved the pain from a 5 to a 2. Current pain response was not documented. A request for authorization received by the utilization review (UR) organization on 12/02/2014 included

requests for Restoril 30 mg #30 which was approved by the physician advisor with a notation that weaning had been previously recommended. Requests for Norco 10/325mg #240, and Lunesta 2mg #3 with one refill were denied by the physician advisor. A letter with this UR decision was issued 12/12/2014. No copy of the original request for authorization (ROA) was included. The request for Norco was determined to be not medically necessary as requested based on California Medical Treatment Utilization Schedule (CA-MTUS) guidelines on use of opioids. CA-MTUS did not address Restoril or Lunesta directly, but did reference the use of anxiolytics for short periods of time. For Restoril and Lunesta, Official Disability guidelines-Treatment in Workers Compensation (ODG-TWC) was referenced for insomnia treatments and management of stress and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2mg #3 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines,Pain guidelines and insomnia

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures.Lunesta is the only drug approved for use beyond 35 days. However, medications should only be used after a though evaluation has been done to determine the cause. Failure forinsomnia to resolve after a week may indicate a psyhciatric or medical illness. In this case, the claimant had previously been on Restoril for sleep for months. The continued and lingter use of sleep agents is not recommended as per the guideline and the Lunesta is not medically necessary.

Norco 10/325mg #240: 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): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back

pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for nearly a year without significant improvement in function. Current pain scale response to the medication is unknown. The continued use of Norco is not medically necessary.