

Case Number:	CM14-0214955		
Date Assigned:	01/06/2015	Date of Injury:	07/13/2013
Decision Date:	03/03/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/22/2014

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 45-year-old man who sustained a work-related injury on July 13, 2013. Subsequently, he developed chronic shoulder and low back pain. MRI of his shoulder dated December 20, 2013 showed bilateral rotator cuff tears. The patient had left rotator cuff repair, but the orthopedist was unable to repair biceps tendon tear. According to a progress report dated December 2, 2014, the patient continued to have shoulder pain, which was worse on the left with some aching and stabbing pain. He was not having radiating pain into the arms or the hands or numbness or tingling. He did have some weakness of the shoulder joints. He has been working to strengthen them, and he was getting better range of motion. The patient was considering surgery on the right shoulder. The patient continued to have aching pain across the low back. He was having more extremity pain. He was having significant pain radiating into the left anterior and posterior thigh with numbness and tingling. He was having some pain in the right posterior leg. He was taking Norco and Naproxen with good benefit and no side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 10/325mg #90 (dos: 12/02/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living.

Retrospective Lunesta 1mg #60 (dos: 12/02/2014): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Lunesta (Eszopicolone)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>))

Decision rationale: Lunesta (eszopiclone) is a nonbenzodiazepine hypnotic agent that is a pyrrolopyrazine derivative of the cyclopyrrolone class. According to MTUS guidelines, tricyclic antidepressants are recommended as a first line option in neuropathic pain, especially if pain is accompanied by insomnia, anxiety or depression. According to ODG guidelines, "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopiclone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency. Eszopiclone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. (Morin, 2007) The only benzodiazepine-receptor agonist FDA approved for use longer than 35 days." Lunesta could be used as an option to treat insomnia; however, it should not be used for a long-term without periodic evaluation of its need. The provider has to further

characterize the patient insomnia (primary versus secondary) and its relation to the primary patient pain syndrome. The provider did not document the use of non-pharmacologic treatment for the patient sleep issue.