

Case Number:	CM14-0215391		
Date Assigned:	01/02/2015	Date of Injury:	08/27/1999
Decision Date:	03/03/2015	UR Denial Date:	11/25/2014
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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

FILE NUMBER: CM14-0215391 CLINICAL SUMMARY: The applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic hand, wrist, and forearm pain reportedly associated with an industrial injury of August 27, 1999. In a Utilization Review Report dated November 21, 2014, the claims administrator approved a request for Ultracet, partially approved a request for Norco, approved a request for Mobic and denied a request for Rozerem. The claims administrator referenced an RFA form of November 14, 2014 and a report of November 12, 2014 in its determination. The claims administrator referenced favorable guidelines on Rozerem at the bottom of its report but did not incorporate the same into its rationale. The applicant's attorney subsequently appealed. In a progress note dated October 1, 2014, the applicant reported persistent complaints of forearm, hand, and wrist pain. The applicant was wearing splints. The applicant was receiving Social Security Disability Insurance (SSDI) benefits in addition to Workers Compensation indemnity benefits. The attending provider stated that the applicant had throbbing pain at all times, somewhat attenuated with braces. A 4/10 pain with medications versus 9/10 without medications was noted. The attending provider stated that the applicant could not perform household chores without her medications. Ultracet, Norco, Mobic, and Rozerem were endorsed. The attending provider stated that the applicant's insomnia had been effectively ameliorated as a result of ongoing Rozerem usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Norco 7.5/325mg #60.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Topic ; When to Continue Opioids topic Page(s): 78 and 80.

Decision rationale: The request for Norco, a short-acting opioid, is not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning and/or reduced pain achieved as a result of the same. Here, the applicant was/is off work. The applicant is receiving both Workers Compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits, the attending provider has acknowledged. While the attending provider did report some attenuation of pain scores achieved as a result of ongoing Norco usage in its October 1, 2014 progress note, these outcomes are, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful improvement in function as achieved as result of ongoing opioid therapy. The applicant's continued comment that she was having difficulty gripping, grasping, lifting, performing household chores on October 1, 2014, coupled with the fact that the applicant was off work did not make a compelling case for continuation of opioid therapy with Norco. Page 78 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that the attending provider should use the lowest possible dose of opioids to improve pain and function. Here, the attending provider did not outline a clear or compelling rationale for provision of two separate short-acting opioids agents, Norco and Ultracet. Therefore, the request is not medically necessary.

Prospective request for 1 prescription of Rozerem 8mg #30.: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomnia Treatment topic, Melatonin-Receptor Agonist section

Decision rationale: The request for Rozerem, a sleep aid, is medically necessary, medically appropriate and indicated here. While the MTUS does not specifically address the topic of Rozerem, the MTUS Guideline in ACOEM Chapter 3, page 47 does stipulate that it is incumbent upon a prescribing provider to incorporate some discussion of efficacy of medications for the condition for which it is being prescribed. Rozerem, per ODG's Chronic Pain Chapter Insomnia Treatment Topic, is a selective melatonin agonist indicated for difficulty with sleep onset and is non-scheduled, having been shown to have no abuse potential. Here, the attending provider has established that ongoing usage of Rozerem has effectively attenuated the applicant's issue with

pain-induced insomnia. Continuing the same, on balance, was indicated. Therefore, the request is medically necessary.