

<b>Case Number:</b>	CM14-0216113		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	12/16/2009
<b>Decision Date:</b>	02/24/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2014

### 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

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:

The worker is a 56 year old male who was injured on 12/16/2003 after slipping and falling off of a truck onto cement, landing on his right knee. He was diagnosed with sleep apnea (due to obesity), lumbar intervertebral disc displacement, lumbago, and right and left knee pain. He was also diagnosed with right meniscal tear. He was treated with medication, physical therapy, and right knee surgery. He was able to return to work, but continued to experience chronic knee and back pain. He had to train as a truck driver due to no modified duty being available, but still experienced right knee pain. On 11/11/14, the worker was seen by his primary treating provider, reporting bilateral knee pain and low back pain with radiation to legs. His medications (Duragesic, Norco, Neurontin, Zolof) reportedly provide some relief "to stay more functional." The reported pain level without Duragesic and Norco was 8/10 on the pain scale and 6-7/10 with these two medications. He reported being able to do short walking with cane and take care of personal hygiene and some light chores with these medications. His also reported about 50% reduction of his neuropathic symptoms with the Neurontin. He also reported using a CPAP machine. He was then recommended to stay on his medications as before and exercise. Also, the worker was given a prescription for a replacement mask and filters for his CPAP machine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CPAP mask and filters for machine-sleep apnea: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sleep-Disordered Breathing and CPAP Overview of Sleep-Disordered Breathing

**Decision rationale:** Risk factors for sleep apnea include obesity, increased neck circumference, craniofacial abnormalities, hypothyroidism, and acromegaly. In the case of this worker, who had obesity, claimed to be partially related to his injury, had been using a CPAP machine and requested new replacement mask and filters. Although replacement filters and mask seems reasonable, the connection between his injury and sleep apnea is far enough removed, in the opinion of the reviewer, that to justify full approval of these replacement parts seems unnecessary. Obesity from inactivity is not a strong argument to connect the injury to his sleep apnea. Obesity is primarily a dietary disease and should be treated as such. Regardless, there was no number of filters included in the request. Therefore, considering the above, the mask and filter(s) are not medically necessary.

**Norco 10/325mg #240: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was chronic use of Norco and Duragesic as part of the treatment for his chronic pain. Reports of some, albeit very minimal, pain reduction and minimal functional benefits were related to the combination effect of these two medications. However, there was insufficient evidence of the full review above being completed at the time of the request to continue these medications (side effects, attempts to reach lowest effective dose, current signed opioid contract). Considering the limited detail from the report and primarily the minimal benefit reported from these medications, including the worker not having returned to work, the Norco will be considered medically unnecessary. Weaning is recommended.

