

Case Number:	CM15-0000216		
Date Assigned:	01/09/2015	Date of Injury:	09/09/2008
Decision Date:	03/09/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/02/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 54 year old female who sustained an industrial related injury on 9/9/08. A physician's report dated 12/1/14 noted the injured worker had complaints of bilateral upper extremity pain. The injured worker was taking Norco, Ultracet, Motrin, Neurontin, Lidoderm patches, Lunesta, and Celexa. Diagnoses included chronic bilateral wrist symptoms status post right carpal tunnel release in October 2008, chronic right shoulder pain status post rotator cuff repair on 1/14/14, radiating symptoms on the right side of the neck, chronic low back pain, chronic bilateral knee pain, and AC joint arthropathy. The injured worker was not working. On 12/17/14 the requests for Ultracet 37.5/325mg #240 and Norco 10/325mg #240 were modified. The request for Lunesta 2mg #30 with 1 refill was non-certified. Regarding Lunesta, the utilization review (UR) physician cited the Official Disability Guidelines and noted in this case there is no documentation of attempts to resolve sleep disturbance by psychological measures. Long-term use may result in further functional impairment and increased pain levels. Regarding Norco and Ultracet, the UR physician cited the Medical Treatment Utilization Schedule guidelines and noted it is necessary for the treating physician to continue to document functional improvement in order for the patient to continue the use of a medication. The medication was previously certified but the results were not noted. Due to the lack of information the request was certified for 1 month to allow for submission of missing documentation or to initiate weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for chronic bilateral upper extremity pain. Medications included Norco and Ultracet at a total MED (morphine equivalent dose) in excess of 240 mg per day. Ultracet (acetaminophen and tramadol) is a short acting combination opioid often used for intermittent or breakthrough pain. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 2 times that recommended. Although the claimant has chronic pain and the use opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Therefore, this medication was not medically necessary.

Norco 10/325mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for chronic bilateral upper extremity pain. Medications included Norco and Ultracet at a total MED (morphine equivalent dose) in excess of 240 mg per day. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 2 times that recommended. Although the claimant has chronic pain and the use opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Therefore, this medication was not medically necessary.

Lunesta 2mg #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Insomnia

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for chronic bilateral upper extremity pain. Medications included Lunesta. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. There is no assessment of factors such as sleep onset, maintenance, quality, or next-day functioning. Whether the claimant has primary or secondary insomnia has not been determined. Therefore, based on the information provided, the continued prescribing of Lunesta is not medically necessary.