

Case Number:	CM15-0016471		
Date Assigned:	02/04/2015	Date of Injury:	09/27/2002
Decision Date:	05/18/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/28/2015

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: New York
 Certification(s)/Specialty: Internal 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 injured worker is a 59 year old male who sustained an industrial injury on September 27, 2002. He has reported problems with the neck and left shoulder and has been diagnosed with impingement syndrome of the shoulder along the right with tendonitis, discogenic cervical condition with radicular components with an EMG showing only ulnar nerve involvement on the left and median nerve involvement bilaterally at the wrist, and due to chronic pain the injured worker has depression. Treatment has included medical imaging, cold wrap, TENS unit, and medication. Currently the injured worker complains of tenderness along the facets. The treatment plan included medication and a urine drug screen. On December 31, 2014 Utilization Review modified Norco # 120 and non certified norflex 100 mg # 60, trazadone 50 mg #30, lunesta 2 mg, and 1 urine drug screen citing the MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74 - 82.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker is diagnosed with chronic pain syndrome and documentation fails to demonstrate adequate improvement in pain or level of function. Furthermore, there is lack evidence regarding ongoing monitoring, which would include report of previous urine drug screen or pain contract. In the absence of significant response to treatment and adequate risk stratification, the request for Norco #120 is not medically necessary.

Norflex 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Orphenadrine Page(s): 63, 65.

Decision rationale: MTUS states muscle relaxants should be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Documentation fails to show evidence of significant improvement in the injured worker's chronic neck pain with prolonged use of Norflex and there is no objective report of acute exacerbation of symptoms. The request for Norflex 100mg #60 is not medically necessary.

Trazadone 50mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13 - 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medications.

Decision rationale: ODG recommends that Trazodone may be used as an option for treating insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Documentation shows that the injured worker is diagnosed with Depression, Stress and sleep disturbance, previously treated with Remeron. Physician reports support that there has been some improvement with the use of Trazodone and Efexor ER, supporting the medical necessity for Trazodone. The request for Trazadone 50mg #30 is medically necessary.

1 Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, differentiation: dependence & addiction Page(s): 85. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids, Urine drug tests.

Decision rationale: MTUS recommends screening patients to differentiate between dependence and addiction to opioids. Frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Random collection is recommended. Documentation reveals that the injured worker has been on chronic Opioid therapy, but there is no evidence of previous urine drug screen to demonstrate consistency with prescribed medications. With the medical necessity of ongoing Opioid therapy not having been established or approved, the request for 1 urine drug screen is not medically necessary.

Lunesta 2mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines nonspecific. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Chapter, Lunesta (Eszopicolone).

Decision rationale: MTUS states hypnotics are not recommended for long-term use and should be limited to three weeks maximum in the first two months of injury only. Per guidelines, use in the chronic phase is discouraged. Given that the injured worker has chronic pain syndrome and is already prescribed Trazodone to address sleep issues, the medical necessity for continued use of Lunesta has not been established. The request Lunesta 2mg is not medically necessary based on MTUS.