MAXIMUS Federal Services

Case Number:	CM15-0019954		
Date Assigned:	02/09/2015	Date of Injury:	02/18/2006
Decision Date:	03/26/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/02/2015

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: California, Indiana, 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:

This 31 year old male sustained a work related injury on 02/18/2006. According to a progress report dated 12/12/2014, the injured worker had urinary difficulty and had lost sensation to void. He also complained of difficulty sleeping. Diagnoses included status post right shoulder arthroscopy performed 11/15/2007; left shoulder impingement syndrome, history of gastrointestinal upset secondary to medication use, sleep disorder and complaints of urinary and sexual difficulty. Review of systems noted hemorrhoids and blood in stool. Medications included Norco, Prilosec and Sonata. On 01/07/2015, Utilization Review modified Norco 5/325mg #60 and Sonata 10mg #30. According to the Utilization Review physician, in regard to Norco, the injured worker was currently back to work, however no real symptomatic or functional improvement were documented. The injured worker continued to report adverse side effects consisting of gastrointestinal upset with this medication. CA MTUS Chronic Pain Medical Treatment Guidelines were cited. In regard to Sonata, it is recommended for short term use. Guidelines referenced included Official Disability Guidelines, Mental Illness & Stress. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 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 Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are status post right shoulder arthroscopy November 15, 2007; left shoulder impingement syndrome; history gastrointestinal upset secondary to medication; sleep disorder; complaints of urinary and sexual difficulty. The documentation from a January 10, 2014 progress note does not list any current/active medications at that time. The plan, however, was to request Vicodin. There were no additional progress notes in the medical record until December 12, 2014. The December 12, 2014 progress note, lists two refills. One refill is for Norco 10/325mg and the second is for Sonata 10 mg. The documentation does not indicate how long the injured worker has been taking Norco. There is no documentation with objective functional improvement as it relates to ongoing Norco. Consequently, absent clinical documentation with objective functional improvement to gauge Norco's ongoing efficacy, Norco 10/325 mg #60 is not medically necessary.

Sonata 10mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, Insomnia treatment

Decision rationale: Pursuant to the Official Disability Guidelines, Sonata 10 mg #30 is not medically necessary. Sonata belongs to a group of medicines that are related to benzodiazepines. Sonata (Zalepion) is chemically different from benzodiazepines but acts on the same receptors in the brain. Zalepion is a schedule IV controlled substance. Short-term use (7 to 10 days) is indicated. In this case, the injured worker's working diagnoses are status post right shoulder arthroscopy November 15, 2007; left shoulder impingement syndrome; history gastrointestinal upset secondary to medication; sleep disorder; complaints of urinary and sexual difficulty. The documentation from a January 10, 2014 progress note does not list any current/active medications at that time. The plan, however, was to request Vicodin. There were no additional progress notes in the medical record until December 12, 2014. The December 12, 2014 progress note, lists two refills. One refill is for Norco 10/325mg and the second is for Sonata 10 mg.

Sonata 10mg is indicated for 7 to 10 days. There is no compelling clinical documentation to support the ongoing use of Sonata. There is no documentation with objective functional improvement. Consequently, absent compelling clinical documentation with objective functional improvement to support ongoing Sonata use, Sonata 10 mg #30 is not medically necessary.