

Case Number:	CM15-0117249		
Date Assigned:	06/25/2015	Date of Injury:	03/22/2007
Decision Date:	07/30/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/17/2015

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
 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 injured worker is a 53 year old female, who sustained an industrial injury on March 22, 2007. The injured worker was diagnosed as having chronic pain syndrome, chronic neck and lower back pain, right shoulder pain, opioid dependence, depression and anxiety. Treatment to date has included medication. A progress note dated April 28, 2015 provides the injured worker complains of chronic low back pain rated 2-3/10 radiating to the right buttock and neck pain rated 3-4/10 with stiffness in the neck and shoulders. Physical exam notes normal gait and she "does not exhibit any pain behaviors." The plan includes Norco, Lunesta, lab work, home exercise program (HEP) and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: This patient receives treatment for chronic pain involving the lower back, neck, and shoulder. This relates to an industrial injury dated 03/22/2007. This review addresses a request for refills of Norco 10/325 mg #120 with 1 refill. The documentation states that the patient takes Norco 10/325 mg 1 four times a day and "the Norco is not helping her that much." One Norco 10/325 pill contains 10 mg of hydrocodone, an opioid. This patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function when treatment relies on opioid therapy. The documentation fails to document any quantitative assessment of return to function while taking the medication, which is an important clinical measure of drug effectiveness. Based on the documentation treatment with Norco is not medically necessary.

Lunesta 2mg #30 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Treatment of Insomnia by Michael Bonnet, MD, et al in UpToDate.com.

Decision rationale: This patient receives treatment for chronic pain involving the lower back, neck, and shoulder, plus anxiety and depression. This relates to an industrial injury dated 03/22/2007. This review addresses a request for refills of Lunesta 2 mg #30 with 5 refills. Lunesta is a non-benzodiazepine sedative drug. This patient receives treatment for both major depression and insomnia. Insomnia often accompanies major depression. Medical treatment guidelines warn that reliance on hypnotics does not result in impressive relief from insomnia. In addition, relying on hypnotics can produce side effects such as hallucinations and lead to drug tolerance and drug dependence. On the other hand, studies show that addressing sleep hygiene does lead to improvement in restorative sleep. Lunesta is medically approved for use in the treatment of insomnia for a limited time; however, it is important to look for other treatable causes, such as Obstructive Sleep Apnea and to document trials of sleep hygiene. These are not documented. Lunesta is not medically necessary.