

Case Number:	CM15-0119073		
Date Assigned:	07/24/2015	Date of Injury:	03/14/2010
Decision Date:	08/26/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/19/2015

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: Anesthesiology

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 48 year old female who sustained an industrial injury on 03/14/2010. Current diagnoses include discogenic lumbar condition, discogenic cervical condition, impingement syndrome of the shoulder-right, internal derangement of the knee-left, carpal tunnel syndrome bilaterally, chest wall contusion, and chronic pain syndrome due to secondary inactivity resulting in weight gain, depression, sleep disorder, and GI irritation. Previous treatments included medications, psychological/psychiatric evaluation and treatment, physical therapy, epidural injections, carpal tunnel injection, cortisone injection left knee, Hyalgen injections left knee, and knee and back braces. Previous diagnostic studies include urine toxicology screening, MRI's, and nerve studies. Initial injuries occurred when the worker was carrying a box out of the freezer and tripped and fell face down hitting her head on the box, resulting in neck, bilateral shoulder, head, and back pain. Report dated 05/28/2015 noted that the injured worker presented with complaints that included neck pain, back pain, right arm pain, right shoulder pain, and left knee pain. The injured worker is not currently working. Pain level was not included. Physical examination was positive for tenderness across the cervical and lumbar paraspinal muscles bilaterally, pain along the facets and pain with facet loading, pain along the left knee. The treatment plan included re-requesting medication which included Naproxen for inflammation, Norco for moderate to severe pain, Protonix for upset stomach, and Lunesta for insomnia, request for cortisone injection, follow up in 4 weeks. QME report dated 05/14/2015 noted that the injured worker is seen every 4-5 weeks, and that the insomnia has remained the same with the use of Lunesta and she has been prescribed Lunesta for

approximately 4 years. Epworth Sleepiness Scale performed 04/15/2015, scored the injured worker a 4, which is considered normal range. Disputed treatments include Norco and Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement, Opioids section Page(s): 1, 74-96.

Decision rationale: The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. "Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It is also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the use of the medication." The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. The injured worker is currently not working and continues to be seen every 4-5 weeks for medical appointments. Also there was no current evaluation of functional improvement with the use of Norco. Therefore the request for Norco 10/325mg quantity 90 is not medically necessary.

Lunesta 2mg quantity 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, Pain, Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), Eszopicolone (Lunesta).

Decision rationale: Eszopicolone (Lunesta) is a prescription short-acting non-benzodiazepine sedative-hypnotic, which is recommended for short-term treatment of insomnia (two to six weeks). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. Lunesta is indicated for the treatment of insomnia with difficulty of sleep

onset and/or sleep maintenance. According to the ODG guidelines, non-Benzodiazepine sedative-hypnotics are considered first-line medications for insomnia. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which have potential for abuse and dependency. It appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. Lunesta has demonstrated reduced sleep latency and sleep maintenance. Lunesta is a hypnotic and should not be used on a daily basis. According to the QME report dated 05/14/2015, the injured worker has been prescribed Lunesta for approximately 4 years. The injured worker continues to complain of insomnia with the use of Lunesta. Therefore, this medication is ineffective for the treatment of insomnia. Medical necessity for the requested medication has not been established. The requested item is not medically necessary.