

Case Number:	CM15-0166843		
Date Assigned:	10/20/2015	Date of Injury:	06/01/1995
Decision Date:	12/04/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/25/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 61 year old female who sustained an industrial injury on 6-1-95. A review of the medical records indicates she is undergoing treatment for insomnia, affections of the shoulder region, myalgia and myositis, and reflex sympathetic dystrophy of the upper limb. Medical records (7-6-15) indicate complaints of neck and right upper extremity pain. She reports intermittent numbness and tingling. She reports that pain "radiates to the right shoulder and right upper extremity". She rates her pain "3 out of 10", but increases to "5-6 out of 10" by the end of the day. The physical exam (7-6-15) reveals tenderness to palpation over the bicep tendon and hypersensitivity to the palm of the hands. Pain is noted with "hyperabduction" of the right shoulder. Diagnostic studies have included a urine drug screen on 5-6-15, which was "inconsistent" for prescribed Hydrocodone and Acetaminophen. Treatment has included medications. Her medications include Senokot, Omeprazole, Zantac, Meclizine, Diazepam, Hydroxyzine, Flexeril, Lidoderm patches, Norco, and Restoril. She has been receiving Norco and Restoril since, at least, 3-5-15. Treatment recommendations include continuation of medications. The utilization review (8-3-15) includes requests for authorization of Norco 10-325mg #60 and Restoril 15mg #60. The UR determination indicates that Norco is not medically necessary, as a weaning dose was already approved. Restoril is not medically necessary, as a weaning dose was already approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of Norco or any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS dated 5/8/15 was noted inconsistent, negative for prescribed Norco. As MTUS recommends discontinuing opioids if there is no overall improvement in function, the request is not medically necessary and cannot be affirmed.

Restoril 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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), Insomnia Treatment.

Decision rationale: The MTUS is silent on the treatment of insomnia. With regard to insomnia treatment, the ODG guidelines state "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances which means they have potential for abuse and dependency. Although direct

comparisons between benzodiazepines and the non-benzodiazepine hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action." Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. (Lexi-Comp, 2008) Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. The documentation submitted for review does not provide information regarding sleep onset, sleep maintenance, sleep quality or next day functioning to support the medical necessity of a sleep aid. The request is not medically necessary.