MAXIMUS Federal Services

Case Number:	CM15-0170559		
Date Assigned:	09/11/2015	Date of Injury:	10/12/2012
Decision Date:	10/13/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	08/31/2015

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: Arizona, 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 61-year-old male, who sustained an industrial injury on 10-12-12. The injured worker is undergoing treatment for cervical strain with radicular symptoms and right shoulder pain. Medical records dated 8-12-15 indicate the injured worker complains of headaches, neck pain, right shoulder pain, dizziness and insomnia. He reports use of Aleve and Tramadol but indicates "it was not much help" and he has been "out of medication for the last several months." Physical exam notes cervical and right shoulder tenderness to palpation with spasm and decreased range of motion (ROM). Treatment to date has included chiropractic treatment, physical therapy, numerous magnetic resonance imaging (MRI) studies revealing right shoulder osteoarthrosis, tendinosis and partial biceps tendon tear and cervical stenosis. He underwent right shoulder rotator cuff surgery in September 2014. The original utilization review dated 8-28-15 indicates the request for Norco #30 and Rozerem #30 is non-certified noting no rationale for 2 short acting opioids and lack of indication of delineation of sleep history including hours of sleep, sleep hygiene, nocturnal awakening and daytime sleepiness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

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

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Tramadol and NSAIDS in the past. Norco was initiated without noted failure of Tylenol. Pain scores were not noted. The Norco was not justified and not medically necessary.

Rozerem 8mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) insomnia medications and pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. 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. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the claimant had failed conservative measure to help with sleep. The use of Rozerem is appropriate in the short and intermediate term for sleep initiation. The use of Rozerem is appropriate.