MAXIMUS Federal Services

Case Number:	CM15-0173946		
Date Assigned:	09/15/2015	Date of Injury:	03/19/2013
Decision Date:	10/15/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/03/2015

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 55 year old female, who sustained an industrial injury on 3-19-2013. The medical records indicate that the injured worker is undergoing treatment for cervicalgia and myalgia and myositis. According to the progress report dated 8-18-2015, the injured worker complains of moderate-to-severe, dull, aching neck pain with radiation into the left arm and hand, associated with numbness and tingling. The pain is rated 7 out of 10 on a subjective pain scale. She reports that she still has pain symptoms on a continuous basis, but is alleviated somewhat by her current medications. In addition, she reports poor quality of sleep. The physical examination of the cervical spine reveals restricted range of motion with flexion to 30 degrees, extension to 20 degrees, and left and right lateral rotation to 45 degrees. The current medications are Norco, Cyclobenzaprine, Terocin patch, Lunesta, Pantoprazole, and Senna. There is documentation of ongoing treatment with Norco and Lunesta since at least 4-9-2015. Treatment to date has included medication management and cervical epidural injection. Work status is described as temporarily totally disabled. The original utilization review (8-27-2015) partially approved a request for Norco #81 (original request for #150) to allow for continuation of taper. The request for Lunesta was non-certified

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg QTY: 150.00: 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 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 Norco for several months . There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. Long-term use of Norco is not recommended. The continued use of Norco is not medically necessary.

Lunesta 1mg, QTY: 30.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Non-Benzodiazepines, Sleep Aids, Lunesta.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pan chapter 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 been on Lunesta for several months. The primary sleep disorder was not described. Failure of behavioral interventions were not described. Long-term use is not indicated. Continued and chronic use of Lunesta is not medically necessary.