

Case Number:	CM15-0021655		
Date Assigned:	02/11/2015	Date of Injury:	05/20/2013
Decision Date:	04/09/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	02/05/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51-year-old female who reported injury on 05/20/2013. The mechanism of injury was not provided. The medications included Norco 10/325 mg 3 times a day, Flexeril 5 mg as needed and albuterol inhaler and Flonase. The injured worker underwent a de Quervain's tendinitis release on the right. The injured worker underwent an MRI of the lumbar spine. There was a Request for Authorization submitted for review dated 12/03/2014. The injured worker underwent urine drug screens. The documentation of 11/24/2014 revealed the injured worker's mechanism of injury was the injured worker's desk was on a floor that was slanted downward. The injured worker had to sit and type working at a desk that was non-ergonomic which put stress on her low back. The injured worker underwent 8 sessions of physical therapy which were not helpful. The injured worker had an MRI of the lumbar spine which reveal disc protrusion at L4-5 and L5-S1. The injured worker indicated she had been taking Norco 10/325 three per day with good effect with good benefit and no side effects. The injured worker was taking Flexeril 5 mg on an as needed basis. The injured worker's chief complaint was low back pain. The injured worker indicated that she got pins and needles in the left lateral leg occasionally. The pain with medication was 7/10 and without medication was 9/10. The injured worker was working full time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 1mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications Page(s): 124.

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

Decision rationale: The Official Disability Guidelines indicate that Lunesta is recommended for short term use up to 10 days for treatment of insomnia. The clinical documentation submitted for review indicated the injured worker had insomnia. However, there was a lack of documentation indicating a necessity for greater than 10 days use for Lunesta. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Lunesta 1 mg #30 is not medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, On going management Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; ongoing management Page(s): 60; 78.

Decision rationale: The California Medical Treatment Utilization Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had objective decrease in pain and was being monitored for side effects. However, there was a lack of documentation indicating the injured worker was being monitored for aberrant drug behavior through urine drug screens and there was an objective improvement in function. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 mg #90 is not medically necessary.