

Case Number:	CM15-0069958		
Date Assigned:	04/17/2015	Date of Injury:	01/06/2002
Decision Date:	05/18/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/13/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 69 year male with an industrial injury dated 01/06/2002. His diagnosis was low back pain. Prior treatments included medications. He presented on 02/20/2015 with complaints of low back pain. Physical examination of the low back revealed spasms. The provider documented the injured worker had signed an opiate agreement. Treatment plan included opioids for pain, repeat urine toxicology, anti-inflammatory medication, medication to protect his stomach and a medication for sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 200mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 73.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic low back pain. When seen he was having ongoing low back pain and medications were prescribed including Norco at a total MED (morphine equivalent dose) of 20 mg per day. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain as in this case. Dosing of naproxen is 275- 550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested dose is not within guideline recommendations and therefore not medically necessary.

Norco 10/325mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86 Page(s): 8, 76-80, 86.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic low back pain. When seen he was having ongoing low back pain and medications were prescribed including Norco at a total MED (morphine equivalent dose) of 20 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it was prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the prescribing of Norco is medically necessary.

Junesta 3mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic low back pain. When seen he was having ongoing low back pain and medications were prescribed including Norco at a total MED (morphine equivalent dose) of 20 mg per day. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. There is no assessment of factors such as sleep onset, maintenance, quality, or next-day functioning. Whether the claimant has primary or secondary

insomnia has not been determined. Therefore, based on the information provided, the prescribing of Lunesta is not medically necessary.