

<b>Case Number:</b>	CM15-0070649		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	10/28/1983
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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 63 year old male, who sustained an industrial injury on 10/28/83. The initial complaints are not noted. The injured worker was diagnosed as having cervical spine intervertebral disc disorder without myelopathy; brachial neuritis/radiculitis; other chronic pain; headache. Treatment to date has included medications. Currently, the PR-2 notes dated 2/24/15 "Subjective Complaints" indicate the injured worker was last seen on 12/1/14 and has been having an increase in pain and doing so. Had a trial in January and documents were not permitted; to have another trial date. [REDACTED] decision re: current laws, etc. He has continued with ongoing medications as before. It is noted that Norco, Nucynta and Intermezzo have not been authorized. PR-2 notes dated 12/1/14 document last seen on 10/21/14. Has been done about the same with constant pain usually but has had some more severe pain episodes. He was out of town for Thanksgiving; has been on medications as before. No side effects of medications noted. The objective findings document the injured worker is alert and conversant with no negative effects of medicine noted today. There is no change in posture or gait. The PR-2 notes dated 10/21/14 note the injured worker brought in a log pf pain and levels of 6-7/10 and medication was helping keep pain down. He has refused other medications besides Neurotin. This note also documents when he has to buy medications he pays cash. The same said notes submitted go back one year for these denied medications. The provider is requesting Norco 10/325mg #120, Nucynta 50mg #120 and Intermezzo 1.75mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**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 indication of weaning attempt or failure at a lower dose. There was no mention of Trucyclic or Tylenol failure. Continued use of Norco is not medically necessary.

**Nucynta 50mg #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** According to the MTUS guidelines, opioids are not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. They are recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on Nucynta for several months with steady pain levels. The amount of combined Nucynta and Norco use exceeds the daily Morphine equivalent of 120 mg recommended. The continued use of Nucynta as above is not medically necessary.

**Intermezzo 1.75mg #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 ODG- pain chapter and insomnia pg 64.

**Decision rationale:** The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications 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. Intermezzo is Zolpodem. Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant was given Intermezzo for well beyond 1 week. The etiology of sleep disturbance was not defined or further evaluated. Failure of behavioral interventions was not mentioned. Continued use of Intermezzo as above is not medically necessary.