

Case Number:	CM15-0073232		
Date Assigned:	04/23/2015	Date of Injury:	03/01/2004
Decision Date:	06/11/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/17/2015

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: North Carolina
 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 (IW) is a 57-year-old female who sustained an industrial injury on 03/01/2004. Diagnoses include low back pain, lumbar disc disorder, cervical radiculopathy and lumbar degenerative disc disease. Treatment to date has included medications, TENS, cervical epidural steroid injections and psychiatry. Diagnostics included electrodiagnostic testing and MRIs. According to the progress notes dated 3/24/15, the IW reported pain in the neck, the upper, mid and lower back; the bilateral shoulders, elbows, wrists, knees and feet; and the right hip and left buttock. She also reported sharp pain in the back of her head and numbness in the right arm. Her pain was rated 8/10 and was unchanged since her last office visit. A request was made for Norco 10/325mg, #150 for pain and Lunesta 3mg, #30 to aid sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 76-84.

Decision rationale: The long-term use of this medication class is not recommended per the California MTUS unless there is documented evidence of benefit with measurable outcomes and improvement in function. In this case, there is no documented significant improvement in VAS scores. There are also no objective measurements of improvement in function. Therefore, the criteria for the ongoing use of opioids have not been met and the request is not medically necessary.

Lunesta 3mg #30: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, insomnia.

Decision rationale: The California MTUS and the ACOEM do not specifically address this medication. The Official Disability Guidelines recommend pharmacological agents for insomnia only if used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: benzodiazepines, non-benzodiazepines, melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia; however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The requested medication falls within the four categories approved for treatment of primary insomnia and is medically necessary.