

Case Number:	CM15-0090439		
Date Assigned:	05/14/2015	Date of Injury:	07/20/2009
Decision Date:	06/16/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/11/2015

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 52 year old male, who sustained an industrial injury on July 20, 2009. The injured worker was diagnosed as having symptomatic hardware C3-C7, vertigo versus myelopathy, status post C3-C7 AP fusion in 2012, cervical myelopathy, left cervical radiculopathy, residual/post-operative, l4-S1 disc degeneration/facet arthropathy, and intermittent right leg radiculopathy. Treatment to date has included cervical spine CT, cervical fusion, MRIs, and medication. Currently, the injured worker complains of neck pain that radiated into the left more than right upper extremity with associated numbness, low back pain radiating into the flanks, bilateral buttocks, and posterior thigh, chest pain, shortness of breath, visual complaints, and anxiety and depression. The Primary Treating Physician's report dated April 7, 2015, noted the injured worker reported his neck and low back pain as an 8/10 on the visual analog scale (VAS) without the use of medications and 4-5/10 on the visual analog scale (VAS) with his medications. The injured worker's current medications were listed as Norco, Protonix, Sonata, Albuterol, Aspirin EC, Fenofibrate, Lisinopril, Mirtazapine, Tamsulosin, and Lorazepam. Physical examination was noted to show tenderness to palpation over the bilateral cervical paraspinal musculature, with tenderness over the base of the neck, over the base of the skull, and over the trapezius musculature bilaterally, and decreased sensation over the right C6, C7, and C8 dermatome distribution. The lumbar spine was noted to have tenderness to palpation over the midline lower lumbar spine with evidence of tenderness over the right sacroiliac joint and decreased sensation over the right L3, L4, L5, and S1 dermatome distribution. The treatment plan was noted to include recommended authorization for Urology, Internal Medicine,

Ophthalmology, Psychological, and ongoing Pain Management consultations, and prescribed medications including Norco, Sonata, and Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in July 2009 and continues to be treated for radiating neck and low back pain. When seen, medications are referenced as decreasing pain from 8/10 to 4-5/10. There was cervical and lumbar spine tenderness with decreased range of motion. There was decreased left upper and bilateral lower extremity strength. Medications being prescribed include Norco at a total MED (morphine equivalent dose) of 20 mg per day. The claimant is also has symptoms of anxiety and depression. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain relief. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.

Sonata 10mg #30: Upheld

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

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 injury occurring in July 2009 and continues to be treated for radiating neck and low back pain. When seen, medications are referenced as decreasing pain from 8/10 to 4-5/10. There was cervical and lumbar spine tenderness with decreased range of motion. There was decreased left upper and bilateral lower extremity strength. Medications being prescribed include Norco at a total MED (morphine equivalent dose) of 20 mg per day. The claimant is also has symptoms of anxiety and depression. Sonata (zaleplon) is a sedative hypnotic medication used to treat insomnia. 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. In this case, the claimant has symptoms of depression and anxiety, which can cause difficulty sleeping. If these were causing the claimant's sleep disturbance, then treatment for these conditions could be considered. Therefore, the continued prescribing of Sonata is not medically necessary.