

<b>Case Number:</b>	CM15-0098857		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	05/23/2014
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 31-year-old who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of May 23, 2014. In a Utilization Review report dated April 15, 2015, the claims administrator failed to approve requests for Norco and Lunesta. The claims administrator referenced a RFA form received on April 8, 2015 and an associated progress note of April 7, 2015 in its determination. The applicant's attorney subsequently appealed. On March 10, 2015, the applicant reported ongoing complaints of low back and knee pain. The applicant was using Norco, Lunesta, and Neurontin, it was reported. Portions of the progress note were difficult to follow, as they mingled historical issues with current issues. The attending provider did apparently state that the applicant had issues tolerating Norco in various sections of the note, though these appeared to be historical comments. In another section of the note it was stated that the applicant was using Neurontin, Pepcid, Norco and Lunesta. Multiple medications were renewed. Epidural steroid injection therapy and a behavioral health referral were endorsed. Little-to-no discussion of medication efficacy transpired. On May 12, 2015, the applicant was given a 25-pound lifting limitation. The applicant stated that he was deriving appropriate analgesia with Neurontin. It was stated that the applicant was working with limitations in place on this date. There was no mention of the applicant's using Norco on this date. On April 21, 2015, the applicant reported ongoing complaints of low back pain. It was stated that the applicant had difficulty performing even basic activities including dressing herself, washing dishes, and/or standing and/or walking more than a half a block owing to severe pain complaints. Norco, Lunesta, and Neurontin were endorsed. Work restrictions were also endorsed. On April 7, 2015, the attending provider stated that the applicant was using Norco and Lunesta and reporting 8/10 pain with the same. In one section of the note it was stated that Norco made the applicant sick and that he was "unable to

continue taking it." Again, it was not stated whether this side effect was a current issue or a historical issue. Norco and Lunesta were renewed while physical therapy was endorsed.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines 7) When to Continue Opioids; Functional Restoration Approach to Chronic Pain Management Page(s): 80; 7.

**Decision rationale:** No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines, an attending provider should incorporate some discussion of "side effects" into his choice of recommendations. Here, however, multiple progress notes, referenced above, including progress notes of April 7, 2015 and May 5, 2015 both suggested that the applicant had become sick while using Norco and thus, "unable to continue taking it." Page 80 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that the cardinal criteria for continuation of opioid therapy include evidence of successful return to work improved functioning and/or reduced pain achieved as result of the same. Here, however, the majority of the progress note on file does not establish evidence of quantifiable decrements or meaningful or material improvements in function effected as result on ongoing usage. On April 7, 2015, for instance, the applicant reported 8/10 pain complaints despite ongoing Norco usage. A progress note of May 12, 2015 suggested that the applicant was having difficulty performing activities of daily living as basic as standing, walking, and sleeping, despite ongoing Norco usage. A progress note of April 21, 2015 also suggested that the applicant was having difficulty performing basic activities of daily living including dressing, washing dishes, and walking more than half a block continuously. While a later progress note of May 12, 2015 suggested that the applicant was working with a 25-pound lifting limitation in place as of that point of time, that particular note was outweighed by the multiple earlier progress notes stating that the applicant's pain complaints were scored in the 8/10 range coupled with the commentary to the effect that the applicant was experiencing side effects with Norco and continuing to exhibit difficulties performing activities of daily living as basic standing, walking, dressing, and washing dishes. Therefore, the request was not medically necessary.

**Lunesta 2mg #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, Mental Illness & Stress, Eszopiclone (Lunesta).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Mental Illness & Stress, Eszopiclone (Lunesta).

**Decision rationale:** Similarly, the request for Lunesta, a sleep aid, was likewise not medically necessary, medically appropriate and indicated here. The MTUS does not address the topic. However, ODG's Mental Illness And Stress Chapter Eszopiclone Topic notes that eszopiclone or Lunesta is not recommended for long-term use purposes, but, rather, should be reserved for short-term use purposes. Here, the request for Lunesta represented a renewal or extension request for the same. The applicant had been using Lunesta for several months as of the date in question. Continuing the usage of the same, thus, was indicated here. Therefore, the request was not medically necessary.