

Case Number:	CM15-0099580		
Date Assigned:	06/02/2015	Date of Injury:	09/17/1991
Decision Date:	07/03/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/22/2015

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, 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 72 year old male who sustained an industrial injury on September 17, 1991. He has reported low back pain, mid thoracic back pain, and bilateral knee pain and has been diagnosed with arthropathy of lumbar facet joint, thoracic back pain, spinal stenosis of lumbar region, and knee pain on 5/22/15. Treatment has included medication, activity restrictions, and rest. Examination noted moderated tenderness and tightness around the T7, T8 region, mid thoracic. Rotation to the left was 70 % restricted, right was 50 % restricted. There was moderate tenderness across the lumbosacral area. Flexion was 70 % restricted, unable to extend, lateral bending was at 50 % restricted. MRI of the lumbar spine dated May 6, 2013 showed L1-2 moderate spinal stenosis with severe foraminal narrowing. L2-3 small focal disc extrusion a few millimeters inferior to the disc level with mild spinal stenosis. L3-4, L4-5 bilateral foraminal narrowing. Facet osteoarthritis from L1-2 down to L5-S1. Thoracic MRI dated September 19, 1996 revealed wedge deformity of T7 and T10. The treatment request included Norco and Melatonin. The medication list includes Norco, Lyrica, Aleve, and Temazepam. A recent urine drug screen report was not specified in the records provided. The patient has had history of anxiety. A recent detailed psychological evaluation note was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: page 76-80 CRITERIA FOR USE OF OPIOIDS Therapeutic Trial of Opioids.

Decision rationale: Prescription of Norco 10/325mg #180. Norco contains Hydrocodone with APAP, which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. The level of pain control with lower potency opioids like tramadol and other non opioid medications, without the use of norco, was not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Prescription of Norco 10/325mg #180 is not established for this patient. The request is not medically necessary.

1 Prescription of Melatonin 5mg #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, Head, (trauma, headaches, etc., not including stress & mental disorders).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 06/15/15) Melatonin.

Decision rationale: Prescription of Melatonin 5mg #30 Per the cited guidelines melatonin is "Recommended for delayed sleep phase syndrome and rapid eye movement sleep behavior disorders. There is also some suggestion that it can have an analgesic effect, but current research is largely in the experimental phases. There is no evidence that melatonin is effective in treating secondary sleep disorders accompanying sleep restriction, such as jet lag and shift work disorder. The literature reporting treatment of chronic insomnia disorder with melatonin remains inconclusive. (Ferguson, 2010) (Buscemi, 2006) (Buscemi, 2005) (Ferracioli-Oda, 2013)." Evidence of delayed sleep phase syndrome and rapid eye movement sleep behavior disorders is not specified in the records provided. There is no high grade scientific evidence to support use of melatonin for this diagnosis. Response to other non pharmacological measures for insomnia are not specified in the records provided. A recent detailed psychological evaluation note was not specified in the records provided The medical necessity of the Prescription of Melatonin 5mg #30 is not fully established for this patient. The request is not medically necessary.