

<b>Case Number:</b>	CM13-0005906		
<b>Date Assigned:</b>	08/26/2013	<b>Date of Injury:</b>	01/15/2008
<b>Decision Date:</b>	01/13/2014	<b>UR Denial Date:</b>	07/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in <MPR BRD CERT>, has a subspecialty in <MPR SUBSPEC CERT> and is licensed to practice in <MPR ST LICENSE>. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

"This 58-year-old male sustained an injury on 1115108. The mechanism of injury was, he fell through one of the trap doors. The diagnoses included, chronic cervicgia, chronic lumbar backache, recurrent myofascial strain, intermittent pain radiation into upper and lower extremities with acute on chronic exacerbation, and bilateral knee region arthralgia. Apparently, the patient was injured when he fell through one of trapdoors at work. The patient also had a history of reactive anxiety, depression and insomnia. The patient had been treated in the past with medications, Neurontin, Cymbalta, Trazodone, Lunesta, Omeprazole, Naproxen, and Zanaflex. Cognitive behavior therapy, conservative therapeutic measures, and individualized cognitive behavior therapy sessions were certified on 6/11/13. A follow-up report of 6/4/13, documented no evidence of medication induced somnolence. No pertinent neck or lumbar back or knee joint related examination findings were documented."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 30mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15.

**Decision rationale:** The patient continues to show significant aspects of depression as manifested by isolation, anxiety, insomnia, depressed mood, since the time of his original injury (1/15/2008). Maintenance of his current antidepressant dose Cymbalta 30mg BID would appear to remain necessary at this period of time to prevent relapse into a more severe depressive state.

**Lunesta 3mg:** 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), Treatment Index, 11th Edition, 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).

**Decision rationale:** This patient has been on continuous hypnotic medication for a prolonged period of time. Medication such as escopicolone were not designed for continuous use over extended periods of time. Benzodiazepines and benzodiazepine agonist type medications (Ambien, Lunesta, Sonata) were designed for intermittent temporary use of transient insomnia. Chronic insomnia is actually a relatively rare entity (comprising less than 12% of all individuals who complain of insomnia) and requires more intensive work up than the continuous administration of sedative-hypnotics. In this case the patient has been given ongoing sleep medication without adequate follow up/diagnostic evaluation of the nature and cause of his sleep difficulties. Further administration of this medication is contraindicated until etiology of the patient's sleep disturbance is ferreted out.

**Norco 10/325mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79.97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-97.

**Decision rationale:** This patient has been on prolonged chronic opiate therapy. The negative consequences of this cannot be underestimated. It is well recognized that such treatment results in hyperalgesia, allodynia, significant pain threshold that can persist for months to even a year or more after discontinuation of opiate therapy. Consideration should be given to titrating this patient off of his narcotics, both the Norco and Opana, in an effort to appropriately reset his pain threshold. As such, the authorization for the Norco and Opana not extend beyond one additional month. During this period of time every effort should be made to find an alternative pathway to treat the patients pain disorder. This might involve either conversion to a less problematic agent (e.g. Suboxone), titration to a single opioid (morphine sulfate), titration completely off of opiates, etc.

**Opana ER 5mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-97.

**Decision rationale:** This patient has been on prolonged chronic opiate therapy. The negative consequences of this cannot be underestimated. It is well recognized that such treatment results in hyperalgesia, allodynia, significant pain threshold that can persist for months to even a year or more after discontinuation of opiate therapy. Consideration should be given to titrating this patient off of his narcotics, both the Norco and Opana, in an effort to appropriately reset his pain threshold. As such, the authorization for the Norco and Opana not extend beyond one additional month. During this period of time every effort should be made to find an alternative pathway to treat the patients pain disorder. This might involve either conversion to a less problematic agent (e.g. Suboxone), titration to a single opioid (morphine sulfate), titration completely off of opiates, etc.