

<b>Case Number:</b>	CM13-0043661		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/14/2002
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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/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:

The injured worker is a 56-year-old female who reported an injury on 02/14/2004. The mechanism of injury was not stated. Current diagnoses include displacement of lumbar intervertebral disc without myelopathy, unspecified ankle sprain, and enthesopathy of the hip region. The injured worker was evaluated on 10/09/2013. The injured worker reported severe neck pain with radiation to bilateral upper extremities. Physical examination revealed limited cervical range of motion, tenderness to palpation of the cervical spine, limited lumbar range of motion, tenderness to palpation over the left-sided lumbar paraspinal muscles consistent with spasm, negative straight leg raising, atrophy in the right calf, diminished sensation in the L4 through S1 dermatomes, and moderate tenderness to palpation of the right knee with positive McMurray's testing. Treatment recommendations at that time included prescriptions for Lyrica, Norco, MS-Contin, Lunesta, Celexa, Colace, and omeprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS CONTIN 15MG BID #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91-93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the injured worker has utilized MS-Contin 15 mg since 09/2012. There was no documentation of objective functional improvement as a result of the ongoing use of this medication that would warrant the need for a new prescription. Therefore, the current request cannot be determined as medically appropriate. As such, the request is not medically necessary.

**LUNESTA 2MG QHS PRN INSOMNIA #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 (ODG), Pain Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Chronic pain Chapter, Insomnia Treatment

**Decision rationale:** Official Disability Guidelines state insomnia treatment is recommended based on etiology. Lunesta has demonstrated reduced sleep latency and sleep maintenance. As per the documentation submitted, the injured worker has utilized Lunesta 3 mg at bedtime since 09/2012. There was no documentation of chronic insomnia or sleep disturbance. There was also no mention of an attempt at non-pharmacologic treatment prior to the initiation of a prescription product. Therefore, the request is not medically necessary.