

Case Number:	CM13-0050155		
Date Assigned:	12/27/2013	Date of Injury:	05/01/2010
Decision Date:	04/29/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/11/2013

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 and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 43-year-old male with date of injury of 05/01/2010. The listed diagnoses per [REDACTED] dated 10/15/2013 are: 1. Lumbar disk syndrome. 2. Lumbar facet arthropathy. 3. Lumbar radiculopathy. According to the progress report by [REDACTED], the patient complains of low back pain radiating to the left. He states that he continues to have pain down the left L4 distribution. The patient states he is irritable all the time and tired of the continuing pain. He states that Lunesta does help him sleep, but he is awake with pain when lying on the shoulders. He wants to be off the medication and could not complete the cognitive behavioral therapy due to the insurance carrier not paying. His current medications are Percocet 10/325 and Lunesta 1 mg. The physical examination shows there is significant palpable tenderness to the right L3-L4 and L4-L5 para lumbar musculature and into the L3-L4 facet joint on the right. Kemp's test for the facet involvement is positive on the right. Milgram's test is positive for axial low back pain on the right L3 region. The provider is requesting a refill for Percocet and Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medication For Chronic Pain Page(s): 60-61, 88-89.

Decision rationale: This patient presents with chronic low back pain. The provider is requesting a refill for Percocet. For chronic opiate use, the MTUS Guidelines page 88 and 89 requires functioning documentation using a numerical scale or a validated instrument at least once every 6 months. Documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behaviors) is also required. Furthermore, under outcome measures, MTUS recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medication, et cetera. The review of records from 01/15/2013 to 11/14/2013 shows that the patient has been taking Percocet since 01/15/2013. For medication efficacy the provider states, "He states the current medication of Percocet 10/325 one to two times a day as needed does help the pain somewhat but does not completely take the pain away." Reports do not include numerical scale representing before and after functional level, evaluation of the patient's quality of life due to medication. No "outcome measures" are documented as required by the MTUS. Generic statements that medication help are inadequate documentations to show patient's improvements. Recommendation is for denial and slow weaning of the medication per MTUS.

LUNESTA 1MG #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 Official Disability Guidelines (ODG), Lunesta under Insomnia, Pain chapter.

Decision rationale: This patient presents with chronic low back pain. The provider is requesting a refill for Lunesta 1 mg. Review of 251 pages records show that the patient started a trial of Lunesta on 10/15/2013. The progress report dated 10/15/2013 does mention medication efficacy stating, "Lunesta does help him sleep but he is awake with pain when lying on the shoulders. He wants to be off the medication...." The MTUS and ACOEM Guidelines are silent with regards to this request. However, the ODG Guidelines on Eszopiclone (Lunesta $\hat{\alpha}$) has demonstrated reduced latency and sleep maintenance. Additionally, it is the only benzodiazepine receptor agonist FDA approved for use longer than 35 days. The MTUS Guidelines page 60 on medications for chronic pain does state that pain assessment and functional changes must be noted. In this case, the provider has been prescribing Lunesta for insomnia which helps with sleep. However, the patient continues to stay awake with pain and wants to be off of this medication. It does not appear that this medication is making a whole lot of difference in managing this patient's overall pain and insomnia problems. Without documentation of medication efficacy, on-going use is not recommended. Recommendation is for denial.

