

<b>Case Number:</b>	CM13-0052947		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/28/2011
<b>Decision Date:</b>	03/10/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 Physical Medicine and Rehabilitation and Pain Management, 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 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:

The patient is a 41-year-old female with date of injury on October 28, 2011. According to a report from September 17, 2013, her diagnoses included cervicalgia, myalgia, myositis and depressive disorder. This report indicates that the patient went to the emergency department (ED), had blood test drawn demonstrating elevation of her liver enzyme. Current listed medications were Lunesta, Cymbalta, Methadone, ThermaCare heat wrap, Toradol 10mg daily for pain, and Milk thistle. The October 14, 2013 report is more comprehensive. Under history, the treating physician indicates that the patient went to ED and was on withdrawal from running out of methadone 7 days ago. The patient received Xanax and hydrocodone. The patient's urine drug screen was positive for PCP and this was from a dietary supplement, Herbalife that has caffeine, which may account for this finding. The patient denied using any illegal substance. The patient also returned in a week for a repeat urine drug screen and withdrawal symptoms and the plan was to discontinue methadone, hydrocodone, but continue other medications. The patient was to begin Herbalife supplements the next visit. The next report is from October 24, 2013 and indicates that the patient still has difficulty sleeping with Lunesta, his pain level is 8/10 to 9/10, tramadol 50mg does not help and is now taking Ultram 300mg Extended Release. The current listed medications were Effexor, Lidoderm patches, Xanax, tramadol, and Lunesta. The patient was prescribed was BuTrans and told to follow-up in another week.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for Lunesta 2mg, one (1) tablet at bedtime, #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com: Lunesta

**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:** The patient presents with chronic pain syndrome of the neck and upper extremities primarily. There are diagnoses of myofascial pain syndrome, thoracic outlet syndrome, and upper extremity symptoms. There is a request for Lunesta, a sleep agent. The patient was first prescribed Lunesta on September 17, 2013 without any discussion regarding the patient's sleep disorder. According to progress reports October 14, 2013 and October 24, 2013, the patient notes that Lunesta is not working for her. While the California MTUS and ACOEM Guidelines do not discuss Lunesta, the ODG Guidelines states, "Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7- to 10-day period may indicate a psychiatric and mental illness." It states that the primary insomnia can be generally addressed pharmacologically but secondary insomnia may be treated with pharmacological and/or psychological measures. In this patient, none of this is addressed. The treating physician does not go into the etiology of insomnia and does not mention the problem of insomnia. Therefore, the request is not certified.

**The request for Methadone HCl 5mg, one (1) tablet twice a day, #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Treatment Integrated Treatment/Disability Duration Guidelines Pain (Chronic), Opioids for Chronic Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89.

**Decision rationale:** The patient presents with chronic pain in the neck, upper extremities, with diagnoses of myofascial pain, cervicgia, and possible thoracic outlet syndrome. The California MTUS Guidelines do support opiates for chronic moderate to severe pain. The medical reports provided indicate that the trial of methadone was reasonable, given the patient's chronic moderate to severe pain. Based on reports reviewed, methadone appeared to have been used for a short-term period. Therefore, the request is certified.

**The request for a ThermoCare Heatwrap: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Heat Therapy

**Decision rationale:** The patient presents with chronic pain in the neck, upper extremities, with diagnoses of myofascial pain, cervicgia, and possible thoracic outlet syndrome. The patient was prescribed ThermaCare heat wrap. According to a medical report dated July 16, 2013 ThermaCare heat wraps have been effective. While ACOEM Guidelines state, "At home, local application of heat or cold are as effective as those performed by therapists," The California MTUS and ACOEM Guidelines do not specifically address heat wraps or heat devices. The ODG Guidelines do state under heat therapy that this is recommended as an option and that a number of studies show continuous low-level heat wrap therapy to be effective for treating low back pain. Therefore, the request is certified.

**The request for Toradol 10mg, one (1) tablet every day, #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 60-61.

**Decision rationale:** The patient presents with chronic pain in the neck, upper extremities with diagnoses of myofascial pain, possible thoracic outlet syndrome. The treatment under dispute is for Toradol 30mg oral pills. Review of the reports provided showed that the patients first prescribed Toradol on September 17, 2013. The treating physician does not provide any discussion as to why this medication is used other than for assumed pain. Furthermore, on follow-up progress reports, the treating physician does not provide any discussion as to whether or not Toradol has been effective in terms of pain and function. The California MTUS Guidelines support use of NSAIDs for chronic pain specifically for such condition as low back pain, osteoarthritis, neuropathic pain. However, guidelines also state that for medications used for treatment of chronic pain require documentation of pain assessment and function. In this case, there are no discussions regarding this medication at all, neither at the time of the initial prescription nor during follow-up visitations. Therefore, the request is non-certified.