

<b>Case Number:</b>	CM13-0057506		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/25/2003
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Family Practice, and is licensed to practice in Texas. 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 63-year-old male who reported an injury on 11/25/2013. The mechanism of injury was not submitted. The patient was diagnosed with spondylolisthesis at L4-5 with moderate stenosis at L3-4 and L4-5; lumbar radiculopathy; lumbar degenerative disc disease, and lumbar spinal stenosis. The patient complained of low back pain, mostly left-sided, although the patient stated he had dramatic relief of the left leg pain following the lumbar epidural steroid injection months ago. The patient had been taking mild pain relievers as needed. The patient reported good relief with a TENS unit. The patient rated his pain at 7/10 to 8/10, mostly left-sided. The patient reported occasional radiation of pain to the left lower extremity. The physical examination of the lumbar spine revealed moderate tenderness to palpation at the left mid to distal lumbar segments with some minimal palpable spasm. The patient had increased pain with straight leg raise of the left lower extremity at 45 degrees and some L5 dermatomal distribution of dysesthesia. The patient also noted intermittent insomnia secondary to pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 3mg #60 between 10/10/2013 and 1/6/2014:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Insomnia treatment.

**Decision rationale:** CA MTUS/ACOEM does not address the request. The Official Disability Guidelines recommend Lunesta as a first line medication for insomnia. The guidelines recommend dosing at 2 to 3 mg for sleep maintenance. The patient reported intermittent insomnia; however, the documentation does not show evidence of the efficacy of the medication. Also, the guidelines recommend 3 mg for sleep maintenance. The request exceeds the guideline recommendations. Given the lack of documentation to support guideline criteria, the request is non-certified.

**Norco 5/325mg #60 between 10/10/2013 and 1/6/2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid on-going management Page(s): 78.

**Decision rationale:** CA MTUS states 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The patient complained of pain to the low back. However, the documentation submitted for review did not show a decrease in the patient's pain or an increase in the patient's function level. Given the lack of documentation to support guideline criteria, the request is non-certified.