

<b>Case Number:</b>	CM14-0102993		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	01/08/2010
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 as well as Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 41-year-old male who reported an injury on 01/08/2010. The mechanism of injury was not noted within the documentation provided for review. Diagnoses were noted to be cervical spine sprain/strain with degenerative disc disease at C6-7 with 2 to 3 mm disc protrusion and moderate right neural foraminal narrowing at C6-7. Diagnosis is continued lumbar spine sprain/strain with industrial aggravation of pre-existing grade 1 spondylolisthesis, L5-S1, with bilateral lower extremity radiculopathy symptoms. The injured worker had a clinical evaluation on 07/24/2014. Subjective complaints were noted to be pain over the cervical and lumbar spine. He indicated pain radiated down both arms and legs with intermittent numbness and tingling. Medications are noted to be Norco, gabapentin, Lunesta, and topical cream. The clinical evaluation noted a physical exam with objective findings of bilateral cervical paraspinous tenderness without palpable muscle spasms. Mild bilateral paraspinous tenderness with 1+ palpable muscle spasm present in the low back. Positive straight leg raise exam bilaterally at 60 degrees. The treatment plan was to proceed with updated MRIs of the cervical and lumbar spine. Medication refills for Norco, Neurontin, Lunesta and the topical compounded medication. The provider's rationale for the request was noted within the clinical documentation submitted for review. A Request for Authorization form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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, Eszopicolone (Lunesta).

**Decision rationale:** The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) Pain, Eszopicolone (Lunesta). The Expert Reviewer's decision rationale: The request for Lunesta is not medically necessary. The Official Disability Guidelines do not recommend Lunesta for long term use, but recommend it for short term use. The guidelines suggest limiting the use of hypnotics to 3 weeks maximum in the first 2 months of injury only, and discourage use in the chronic phase. Sleeping pills are also known as minor tranquilizers, and antianxiety agents that are commonly prescribed for chronic pain. Pain specialists rarely, if ever, recommend them for long term use. They can be habit forming, and they may impair function and memory more than opiate pain relievers. There is also concern that they may increase pain and depression over the long term. In the clinical documentation provided for review, the documentation fails to indicate efficacy with prior use of Lunesta. The guidelines do not recommend Lunesta for long term use. In addition, the provider's request fails to indicate a dosage, frequency, and quantity. Therefore, the request for Lunesta is not medically necessary.

**Topical Compound Cream:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Drug testing, page 43. The Expert Reviewer's decision rationale: The request for random drug screening 4 times a year is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend "drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For ongoing management of opiates, a urine drug screen is recommended, to avoid misuse/addiction. The guidelines do not suggest a screening 4 times a year." Therefore, the request for random drug screening 4 times a year is not medically necessary.

**Random Drug Screening 4 Times a Year:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** The request for random drug screening 4 times a year is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For ongoing management of opiates, a urine drug screen is recommended, to avoid misuse/addiction. The guidelines do not suggest a screening 4 times a year. Therefore, the request for random drug screening 4 times a year is not medically necessary.