

<b>Case Number:</b>	CM14-0105888		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/23/2008
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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, 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 injured worker is a 55 year-old male who reported an injury on 11/23/2008. The mechanism of injury was not stated. Current diagnoses include crushing injury of the finger and complex regional pain syndrome. The injured worker was evaluated on 04/24/2014 with complaints of persistent pain and activity limitation. The injured worker reported radiating pain from the cervical spine into the right upper extremity. The physical examination revealed midline tenderness to palpation at C5-6, tenderness along the lateral aspect of the right forearm, and negative Tinel's testing. Treatment recommendations at that time included prescriptions for Hydrocodone 10/325mg, Anaprox 550mg, and Lunesta 3mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 3mg, quantity #120 that was provided on 01/16/2014: 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.

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

**Decision rationale:** The ODG state insomnia treatment is recommended based on etiology. Lunesta has demonstrated reduced sleep latency and sleep maintenance. The injured worker does not maintain a diagnosis of insomnia. There was no physician progress report submitted on the requesting date of 01/16/2014. The medical necessity for the requested medication has not been established. There is also no frequency listed in the current request. As such, the request is considered not medically necessary.

**Roxicodone 15mg quantity #240 that was provided on 01/16/2014:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 2004 Chapter 6, pages 115-116.

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

**Decision rationale:** The 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. There is no documentation of this injured worker's active utilization of this medication. There was no physician progress report submitted on the requested date of 01/16/2014. The medical necessity for the requested medication has not been established. There is also no frequency listed in the current request. As such, the request is considered not medically necessary.