

<b>Case Number:</b>	CM14-0107397		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/31/2005
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	06/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 Family Medicine 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:

This is a case of a 58-year-old male who has a claim for s/p roll-over accident; closed head injury and head laceration; back injury with chronic low back pain, status post lumbar laminectomy, L3-4, with posterior lumbar inter-body fusion; cervical sprain with cervical spondylosis and probable cervical spinal stenosis and upper extremity radiculopathy, C4-5 and C5-6; Right shoulder injury s/p surgery -with impingement and decreased range of motion associated with an industrial injury of 03/31/05. Medical records from 2012 to 2014 were reviewed and showed that the patient still complains of back pain rated 7/10. The patient still reports significant pain in the low back and neck. He could not function. Medications help some but it wasn't enough. He reports more pain in the low back than the neck. He has shooting pain with paresthesia symptoms in both legs. His treating provider recommended him to undergo inpatient detoxification due to high probability of drug addiction. In terms of illicit drug use, he said he has been clean for 12 years. Upon physical examination of the lumbar area, intact incision scars and tenderness are noted. There is no evidence of scoliosis. Lumbar spine testing shows decreased range in flexion, extension, lateral flexion, and rotation. There is tenderness with range of motion. Impingement test and Hawkins test are both positive on his right shoulder. Treatment to date has included medications, right shoulder arthroscopy with debridement, lumbar spine surgery and spinal cord stimulator. Medications taken include Oxycontin, MS Contin, Lunesta (since September 2013), Percocet, Neurontin, Prilosec, Toradol injections, Ambien, oxycodone (since 2012), Amitiza, Colace, ibuprofen, Norco, Dilaudid, Sentra PM, and Sentra. Utilization review from 06/14/14 denied the request for Lunesta. A review of the available documentation indicates that continued use of Lunesta is not indicated for this patient. Although the guidelines recommend this medication for short-term use, the records indicate that he has been taking it since at least 9/2013. Considering the guidelines recommendations, as well as the length of time

that the patient has been taking the medication, the provider's prospective request is non-certified. In the same UR, the request for Percocet was denied stating that continued use is not indicated for this patient and that an appropriate weaning and tapering program should be initiated as soon as possible. Although the guidelines recommend short-term use of this and other opioids for treatment of moderate to severe pain, the records fail to provide sufficient evidence that the patient's current pain is moderate to severe. Also, the records indicate that the patient has been taking oxycodone since at least 2012, despite a lack of documented evidence that use of the opioid has resulted in improved pain and function.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 Prescription of Percocet 10/325mg, #180: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, earliest progress report citing Percocet use is 05/16/12. Latest progress reports show that the patient continues to experience pain, insomnia, and daytime fatigue. The current medications provide minimal symptomatic relief. He reports more pain in the low back and neck due to lack of medications. However, there was also no documentation of analgesia, functional benefit, or adverse events from the use of Percocet. Also, there is a suspicion for drug abuse. No urine drug screen was documented in the submitted medical records. The clinical indication has not been clearly established. Therefore, the request for 1 Prescription of Percocet 10/325mg, #180 is not medically necessary.

#### **1 Prescription of Lunesta 3mg, #30: Upheld**

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

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

**Decision rationale:** CA MTUS does not specifically address Eszopiclone (Lunesta). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead.

It states that eszopiclone (Lunesta) is a non-benzodiazepine sedative-hypnotic (benzodiazepine-receptor agonist) and is a first-line medication for insomnia. It is a schedule IV controlled substance that has potential for abuse and dependency. Lunesta has demonstrated reduced sleep latency and sleep maintenance, and is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. ODG also recommends limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. The FDA has lowered the recommended starting dose of eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women. Previously recommended doses can cause impairment to driving skills, memory, and coordination as long as 11 hours after the drug is taken. Despite these long-lasting effects, patients were often unaware they were impaired. In this case, Lunesta was prescribed to the patient last September 2013. Progress reports fail to document subjective and functional benefit from medication use. Also, ODG states that this medication has potential for abuse and dependency. With the history of the patient of "drug problems" and illicit drug use, there is a possibility of drug abuse. Furthermore, no urine drug screen was documented in the provided medical records that would prove or disprove any drug abuse. There is no discussion that addresses the need to deviate from the guidelines and the clinical indication has not been clearly established. Therefore, the request for 1 Prescription of Lunesta 3mg, #30 is not medically necessary.