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| <b>Case Number:</b>   | CM14-0110589 |                              |            |
| <b>Date Assigned:</b> | 09/19/2014   | <b>Date of Injury:</b>       | 12/06/1994 |
| <b>Decision Date:</b> | 12/31/2014   | <b>UR Denial Date:</b>       | 06/06/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/15/2014 |

### 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 & 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 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 patient is a 50 year old male with the injury date of 12/06/1994. The patient presents with pain in bilateral inguinal areas including his lower abdomen and the groin, radiating down his left leg. The patient rates his pain as 5-6/10 with medications and 8-9/10 without medications. His lower extremity strength is 4/5. The patient has inguinal hernia repairs bilaterally on 01/23/1995 and 03/27/1995. The patient walks with a wide based gait. The patient reports experiencing some urine urgency with small volume. The patient also deals with depression. The patient has a hard time remembering things. The patient is taking Oxycodone, Ambien, Lyrica, Cymbalta and stool softener. The patient is not working. Diagnoses on 04/23/2014: 1) Chronic inguinal pain s/p multiple hernia surgeries, multiple interventions, multiple medications, none successful 2) Longstanding medical mismanagement with opiate over prescription in patient with history of suicidal ideation 3) Psychiatric issues dominating clinical presentation 4) Opiate unresponsiveness, probable opiate induced hyperalgesia The utilization review determination being challenged is dated on 06/06/2014. One treatment report was provided on 04/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 3mg #30:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress chapter, Eszopicolone (Lunesta)

**Decision rationale:** The patient presents pain in his inguinal areas. The request is for LUNESTA 3mg #30. The review of medical records from 12/06/1994 to 12/31/2013 does not show the patient has tried Lunesta in the past. MTUS guidelines do not mention Lunesta. ODG guidelines allow Lunesta 1-2mg for difficulty falling sleep and 2-3mg for sleep maintenance. It is FDA approved for use longer than 35 days and studies have shown benefit over a 6-month period. In this case, the patient's sleep condition is mentioned and the treater requested Lunesta for short-term use, #30. Recommendation is for authorization.

**Lyrica 200mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Page(s): 16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 19-20, 60.

**Decision rationale:** The patient presents pain in his inguinal areas. The request is for LYRICA 200mg #90. The patient has been utilizing Lyrica since at least 2007. The MTUS guidelines has the following regarding Pregabalin (Lyrica), "Pregabalin (Lyrica, no generic available) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. In June 2007 the FDA announced the approval of pregabalin as the first approved treatment for fibromyalgia." The treater is presumably prescribing Lyrica for patient's pain that radiates into his left leg. It is unclear as there are no discussions regarding this medication. In this case, the treater is prescribing Lyrica on a long term basis without discussing its efficacy. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Recommendation is for denial.