

<b>Case Number:</b>	CM14-0123027		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	06/13/2007
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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, has a subspecialty in Pain 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:

The injured worker is a 52-year-old male who reported an injury of unspecified mechanism on 06/13/2007. On 07/15/2014, his diagnoses included failed back, anterior and posterior fusion of L4-5 and L5-S1 interbody fusion, lumbar radiculopathy, insomnia, anxiety, depression, and history of hypertension. His complaints included lower back pain radiating into the right buttock and left lower extremity. He was also experiencing increased spasms and having difficulty falling asleep. He was given prescriptions for OxyContin 40 mg, Percocet 10 mg for breakthrough pain, Lunesta 3 mg, Relafen, Robaxin, and Prilosec with no dosages noted. There was no rationale or Request for Authorization included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**120 Tablets of MS-Contin 30mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** The request for 120 tablets of MS Contin 30 mg is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use including

documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain and intensity of pain before and after taking the opioid. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, and/or antidepressants. Long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations including side effects, failed trials of NSAIDs, aspirin or antidepressants, or quantified efficacy. Additionally, there is no frequency specified in the request. Since this injured worker was taking more than 1 opioid medication, without the frequency, the morphine equivalency dosage could not be calculated. Therefore, this request for 120 tablets of MS Contin 30 mg is not medically necessary.

**Lunesta 2mg with 3 refills:** 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), Treatment Index, 11th Edition (web), 2013, Mental Illness & Stress; Lunesta

**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, Insomnia treatment.

**Decision rationale:** The request for Lunesta 2 mg with 3 refills is not medically necessary. The Official Disability Guidelines note that pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific components of insomnia should be addressed including sleep onset, sleep maintenance, sleep quality, and next day functioning. Lunesta has demonstrated reduced sleep latency and sleep maintenance. It is the only benzodiazepine receptor agonist that the FDA has approved for use for longer than 35 days. There was no documentation submitted regarding this injured worker's sleep onset, sleep maintenance, sleep quality, or next day functioning. Additionally, the request did not specify frequency of administration. Therefore, this request for Lunesta 2 mg with 3 refills is not medically necessary.