

<b>Case Number:</b>	CM14-0131321		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	10/17/2008
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 years old male with an injury date on 10/17/2008. Based on the 07/18/2014 progress report provided by [REDACTED], the diagnoses are: 1. Lumbar disc disease 2. Post laminectomy syndrome 3. Lumbar radiculitis. According to this report, the patient complains of uncomfortable moderate pain, no improvement to the low back with right leg and foot numbness. The patient is currently working; the patient sits for a prolonged period of time driving a van. Numbness is noted upon walking and at work when sitting in the truck. Pain management makes it tolerable for the patient to perform his ADL's (Activities of Daily Living). The patient had a LESI (Lumbar Epidural Steroid Injection) of L4-L5 on 08/14/2008 and a TFESI (Transforaminal Epidural Steroid Injection) right L5-S1 on 02/19/2008, 11/20/2007, 09/04/2007 and 03/27/2007. "The patient had good response to LESIs with at least 50% or greater relief/reduction of low back pain." Range of motion of the lumbar spine is restricted with pain. Tenderness is noted over the lumbar paraspinals. Positive straight leg raise and diminished sensation to light touch at the right lower extremity, L4-L5 and L5-S1 was noted. MRI of the lumbar spine on 12/15/2008 reveals L1-L2, L2-L3, L3-L4, and L4-L5 mild disc bulge. MRI report was noted included in the file for review. There were no other significant findings noted on this report. The utilization review denied the request on 08/11/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/30/2014 to 0/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 3mg #30: Upheld**

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

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

**Decision rationale:** According to the 07/18/2014 report by [REDACTED] this patient presents with uncomfortable moderate pain, no improvement to the low back with right leg and foot with numbness. The treater is requesting Lunesta 3 mg # 30. Regarding Lunesta, the MTUS and ACOEM Guidelines do not discuss, but ODG Guidelines discuss Lunesta under insomnia and state "Lunesta has demonstrated reduced sleep latency and sleep maintenance. The only benzodiazepine receptor agonist FDA approved for use longer than 35 days." Lunesta was first mentioned in the 04/15/14 report; it is unknown exactly when the patient initially started taking this medication. Review of records do not mention the patient has sleeping issue. The treater does not mention what Lunesta is doing for this patient. MTUS page 60 require that medication efficacy in terms of pain reduction and functional gains must be discussed when used for chronic pain. As such, Lunesta 3mg #30 is not medically necessary and appropriate.

**Percocet 10/325mg #30: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria for Use of Opioids Page(s): 60, 61; 88, 89, 80, 81.

**Decision rationale:** According to the 07/18/2014 report by [REDACTED] this patient presents with uncomfortable moderate pain, no improvement to the low back with right leg and foot with numbness. The treater is requesting Percocet 10/325 mg # 30. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the patient is on a small amount of Percocet, one per day. The patient is working and medications are allowing him to continue to work. Although the treater does not provide all the required documentation, given the patient's level of function and how medication has been helpful, Percocet 10/325mg #30 is medically necessary and appropriate.

**LESI (Lumbar Epidural Steroid Injection) at L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI, lumbar, ACOEM and ODG Page(s): 46, 47.

**Decision rationale:** According to the 07/18/2014 report by [REDACTED] this patient presents with uncomfortable moderate pain, no improvement to the low back with right leg and foot with numbness. The treater is requesting LESI at L5-S1. Regarding ESI, MTUS guidelines states "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. "For repeat injections MTUS requires "continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." Review of reports show that the patient has had 5 previous lumbar ESI in the past; from 03/27/2007 to 08/14/2008 with at "least 50% or greater relief/reduction." However, MRI was described as multi-level bulging discs only. There is no documentation of radiculopathy as MRI only showed bulging discs. The patient does not present with an indication for an ESI. Therefore, the request of LESI (Lumbar Epidural Steroid Injection) at L5-S1 is not medically necessary and appropriate.