

<b>Case Number:</b>	CM14-0167126		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	03/03/2000
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	10/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 Internal 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 (IW) is a 38-year-old woman with a date of injury of March 3, 2000. The mechanism of injury was not available in this medical record. She has been taking opioid medication since March 2010, and the current dosage since February 2012. She has also been provided with Ambien since 2008. Progress note dated December 11, 2013 states that the IW is stable and had an adequate amount of pain medication. She was given a prescription refill for Ambien 10mg 1 tablet po at bedtime as needed #30. Pursuant to the primary treating physician's progress note dated March 12, 2014, the IW was prescribed Norco 7.5/325mg 1 po TID, #90 with 2 refills, and Ambien 10mg 1 tablet po at bedtime #30 with 2 refills. According to the September 10, 2014 primary physician's progress notes, the IW is experiencing low back pain, which is often severe. She notes functional improvement and pain relief with the use of medications. She reports difficulty sleeping at night at times due to pain. She did not like the side effects of Ambien that was taken previously. The objective findings notes L5-S1 lower lumbar muscle tenderness; 45-degree forward flexion, extension 10 degrees and lateral bending 30 degrees; grossly-intact strength in the lower extremities. The submitted diagnoses are status-post lumbar fusion L5-S1 with residuals and degenerative disc disease L4-5 with 3-4mm right-sided disc protrusion. The only documented treatment is the use of opioid analgesic Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Norco 7.5/325mg #90 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Opiates Page(s): 74-96.

**Decision rationale:** Pursuant to the California MTUS guidelines, Norco 7.5/325 mg #90 with 2 refills is not medically necessary. The guidelines state Norco is indicated for short-term use. In this case, the IW has been taking Norco in excess of two years. The injured worker complains of low back pain that is often severe. Objective findings on physical examination are L5-S1 lumbar muscle tenderness; 45 forward flexion; and grossly normal strength in the lower extremities. Additionally, there is limited evidence of sustained or functional improvement in pain (without the use of opiates on board). There is no medical documentation regarding details as to improvement in specific activities, ability to work/volunteer or engage in exercise related activities. Furthermore, a review of the medical record did not show a detailed pain assessment (pursuant to the guidelines). Pain assessment should include current pain, the least reported pain over the period since the last assessment, how long it takes for pain relief, and how long pain relief lasts. Additionally there were no comments as to adverse side effects or aberrant drug taking behavior as noted. Moreover, there was no documentation reflecting discussion(s) of an opiate agreement. Based on the clinical information in the medical record, in addition to the peer reviewed, evidence based guidelines the Norco 7.5/325 mg #90 with 2 refills is not medically necessary.

**1 prescription of Lunesta 2mg #15 with 2 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)

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, the Lunesta 2 mg. #15 with two refills prescription is not medically necessary. The California MTUS and the California medical treatment utilization schedule do not address Lunesta guidelines. The Official Disability Guidelines indicate insomnia should be based on its etiology or cause. Pharmacologic agents should only be used after a careful evaluation of potential sleep disturbances. Failure of sleep disturbance to resolve the 7 to 10 days may, in fact, indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacologic and/or psychological measures. Lunesta is the recommended for short term use pursuant to the ODG. The ODG recommends limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourages use in the chronic phase. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In this case, the injured worker has a long history of sleep disturbance that has been attributed to pain. The

injured worker used Ambien between December 2010 and March 2014 without consistent, objective improvement in sleep pattern. Additionally, the injured worker experienced Ambien's side effects. The medical record did not document the sustained side effects. Also, there was no evaluation as to the potential causes of the sleep disturbance other than noting the injured worker had insomnia due to pain. Alternative treatments with different analgesic classes such as non-steroidal anti-inflammatories have not been used in an attempt to provide pain relief with a decrease in the injured worker sleep disturbance. Benzodiazepines plus other analgesics such as Norco may have an additive or synergistic effects resulting in respiratory depression, in addition to other opiate related side effects. Based on the clinical information in the medical record and the peer review evidence-based guidelines Lunesta 2 mg. #15 with two refills is not medically necessary.