

<b>Case Number:</b>	CM14-0172444		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	11/30/2000
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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 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 41-year-old male who reported an injury on 11/30/2000. The mechanism of injury was not provided. On 05/01/2014, the injured worker presented with improvement in pain and function, and continued complaints of pain in the right anterior lateral thigh. He also has complaints of low back pain and right lower extremity pain. The diagnoses were lumbosacral disc degeneration and sleep disorder. Upon examination of the lumbar spine, there was decreased range of motion in flexion and extension, anterior lateral numbness on the right, compared to the left and slight allodynia. Current medications included Hydrocodone/acetaminophen. The provider recommended ibuprofen, Lunesta, and hydrocodone/acetaminophen, the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/acetaminophen 10/325mg; one every 4 to 6 hours #540: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

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

**Decision rationale:** The request for hydrocodone/acetaminophen 10/325mg; one every 4 to 6 hours #540 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of documentation of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. The efficacy of the prior use of the medication was not provided. As such, medical necessity has not been established.

**Ibuprofen 800mg; one once a day #30 x 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

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

**Decision rationale:** The request for ibuprofen 800mg one once a day #30 x 2 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of documentation of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. The efficacy of the prior use of the medication was not provided. As such, medical necessity has not been established.

**Lunesta 3mg one once a day #30 x 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Med Lett Drugs Ther. 2005 Feb 28; 47 (1203); 17-9, Eszopiclone (Lunesta) a new hypnotic

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

**Decision rationale:** The request for Lunesta 3mg one once a day #30 x 2 refills is not medically necessary. The California MTUS does not recommend Lunesta for long term use with the use of hypnotics to a 3 week maximum and only in the first 2 months of injury. It is discouraged for use in the chronic phase. Hypnotic medications can be habit forming and may impair function and memory more than opioid pain relievers. There is also a concern that they may increase pain and depression over the long term. The FDA has lowered the recommended starting dose of Lunesta from 2 mg to 1 mg for both men and women. Previously recommended doses can cause impairment to driving skills, memory, and coordination for as long as 11 hours after the drug is taken. The provider's request for Lunesta 3mg once a day with a quantity of 30 x2 refills

exceeds the guideline recommendations. Starting dose of Lunesta 3 mg exceed the FDA recommendation for a 1 mg starting dose. As such, medical necessity has not been established.