

<b>Case Number:</b>	CM14-0178667		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	03/27/2012
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 45-year-old female with a 3/27/12 date of injury. According to an appeal note dated 10/23/14, this patient was seen for left low back pain radiating to the left buttock, left posterior thigh, and left posterior calf. She reported increased low back pain rated as a 6/10. The provider stated that Lunesta treated the patient's disturbed sleep cycles and enabled the patient to sleep an additional 3-4 hours per night. Without this medication, the patient was only able to sleep 2 hours per night due to chronic pain. Oxycontin provided 50% improvement of her around the clock pain with 50% improvement of her activities of daily living such as self-care and dressing. She has been on an up-to-date pain contract and her previous UDS were consistent with no aberrant behaviors. Temazepam 15mg, 2 tablets QHS prn sleep, treated the patient's disturbed sleep cycles and provided the patient an additional 2-3 hours of sleep per night. The patient has been stable on this dose for over 1 year, and it continued to be effective for the patient. Objective findings: tenderness upon palpation of the lumbar paraspinal muscles, restricted lumbar range of motion, nerve root tension signs negative bilaterally, lumbar discogenic provocative maneuvers were positive. Diagnostic impression: left L5 radiculopathy, lumbar stenosis, lumbar sprain/strain, lumbar degenerative disc disease, lumbar facet joint arthropathy, bilateral lumbar facet joint pain. Treatment to date: medication management, activity modification. A UR decision dated 10/3/14 modified the requests for temazepam from 30 tablets to 15 tablets, Lunesta to 15 tablets, and Oxycontin from 90 tablets to 60 tablets for tapering. Regarding temazepam and Lunesta, this request is not substantiated as these sedative hypnotic are indicated for short-term use for acute or subacute insomnia. Regarding Oxycontin, there is no evidence of objective outcome of this medication and therefore a tapering of this medication would be recommended.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Temazepam 15mg (no quantity listed): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. However, in the present case, it is noted that this patient has been taking temazepam for over a year. Guidelines do not support the long term use of benzodiazepine medications. In addition, it is noted that this medication has been prescribed to this patient for her sleep disturbances. Benzodiazepines are not supported by guidelines to treat insomnia. Therefore, the request for Temazepam 15mg (no quantity listed) was not medically necessary.

**Lunesta (no dosage or quantity listed): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 09/30/14) regarding: Eszopiclone (Lunesta) , Insomnia Treatment

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

**Decision rationale:** CA MTUS does not address this issue. ODG states Eszopiclone (Lunesta) is a non-benzodiazepine sedative-hypnotic (benzodiazepine-receptor agonist) and is a first-line medication for insomnia; it is a schedule IV controlled substance that has potential for abuse and dependency; side effects: dry mouth, unpleasant taste, drowsiness, dizziness; sleep-related activities such as driving, eating, cooking and phone calling have occurred; and withdrawal may occur with abrupt discontinuation. However, in the present case, there is no documentation that the provider has addressed non-pharmacologic methods for sleep disturbances, such as proper sleep hygiene. In addition, it is unclear how long the patient has been taking Lunesta. Guidelines do not support the long term use of Lunesta due to the potential for abuse and dependency. Therefore, the request for Lunesta (no dosage or quantity listed) was not medically necessary.

**Oxycontin 20mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list,/Opioids, Criteria for use : On-Going.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates  
Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the present case, this patient is also taking the opioid medication, Norco. According to the patient's opioid medication regimen, the patient's daily MED is calculated to be 150. Guidelines do not support daily MED above 120 due to the risk of adverse effects, such as respiratory depression and sedation. In addition, given the 2012 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. Therefore, the request for Oxycontin 20mg #90 was not medically necessary.