

<b>Case Number:</b>	CM14-0028332		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	03/09/1999
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 Emergency Medicine and is licensed to practice in New York. 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-year-old female who was injured on March 9, 1999. The patient continued to experience pain in her neck and left shoulder. Physical examination was notable for 4/5 strength in the left upper extremity, moderate positive tenderness with palpable tender points bilateral cervical and lumbar paraspinal muscles, and decreased range of motion left shoulder. Diagnoses included postlaminectomy syndrome of the cervical spine, brachial neuritis, and cervical disc degeneration. Treatment included medications, shoulder injections, physical therapy, and home exercise program. Requests for authorization for fentanyl 100 mcg/ hr # 20, Percocet 10/325, # 180, Lidoderm patch 5% # 60, and Lunesta 3 mg, # 30 were submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FENTANYL 100MCG/HR QTY: 20:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 74-86.

**Decision rationale:** Transdermal fentanyl is an opioid medication indicated for management of persistent chronic pain, which is moderate to severe requiring continuous around-the-clock opioid

therapy. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case, the medication was not prescribed for short-term use and the criteria for opioid use were not met. Dosing recommendations for opioids are that dosing does not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. In this case, the patient is using fentanyl 200 mcg/hour. This is the equivalent of 480 mg morphine daily. The Percocet is prescribed at 10/325 up to 6 pills daily. This is equivalent to 90 mg morphine daily, bringing the total to the equivalent of 570 mg morphine daily. This surpasses the recommended daily maximum and is not providing analgesia. The request is not medically necessary.

**PERCOCET 10/325MG QTY: 180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 74-96.

**Decision rationale:** Percocet 10/325 is compounded medication containing Oxycodone/acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. Dosing recommendations for opioids are that dosing does not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. In this case the patient is using fentanyl 200 mcg/hour. This is the equivalent of 480 mg morphine daily. The Percocet is prescribed at 10/325 up to 6 pills daily. This is equivalent to 90 mg morphine daily, bringing the total to the equivalent of 570 mg morphine daily. This surpasses the recommended daily maximum and is not providing analgesia. The request is not medically necessary.

**LIDODERM PATCH 5% QTY: 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 112.

**Decision rationale:** Lidoderm is a transdermal formulation of Lidocaine. Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy, such as an antidepressant or antiepileptic drug. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. In this case, the patient was not diagnosed with localized peripheral pain or post-herpetic neuralgia. In addition, the patient had been using transdermal Lidocaine since at least September 2012 and had not obtained analgesia. There is no medical indication for this medication. The request is not medically necessary.

**LUNESTA 3MG QTY: 30: 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) Pain Chapter, Insomnia Treatment Section.

**Decision rationale:** Lunesta is the non-benzodiazepine sedative hypnotic medication eszopicolone. It is a benzodiazepine-receptor agonist, which works by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency. It is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. A randomized, double blind, controlled clinical trial with 830 primary insomnia patients reported significant improvement in the treatment group when compared to the control group for sleep latency, wake after sleep onset, and total sleep time over a 6-month period. Side effects are dry mouth, unpleasant taste, drowsiness, and dizziness. Sleep-related activities such as driving, eating, cooking and phone calling have occurred. Withdrawal may occur with abrupt discontinuation. Dosing is 1-2 mg for difficulty falling asleep and 2-3 mg for sleep maintenance. The drug has a rapid onset of action. In this case, the patient has been taking Lunesta since at least September 2012. There is no documentation that the patient has received relief from her insomnia. The request is not medically necessary.