

<b>Case Number:</b>	CM14-0036721		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	02/27/2009
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 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:

According to the records made available for review, this is a 49-year-old male with a 2/27/09 date of injury, and status post laminectomy 2011, and status post lumbar fusion L5-S1 2013. At the time (3/4/14) of request for authorization for Norco 10/325 mg #150 x 2, Lunesta 3 mg #30 x2, and ibuprofen 600 mg #120 x 5, there is documentation of subjective (mild back pain, left knee pain; insomnia) and objective (antalgic gait, positive straight leg raise, decreased active range of motion with limiting factors of pain; knee tenderness at patella and medial joint line) findings, current diagnoses (postlaminectomy syndrome of lumbar region, COAT, spinal stenosis of lumbar region, myalgia and myositis, chronic pain due to trauma, tear of medial cartilage or meniscus of knee, depression), and treatment to date (activity modification and medications (including Norco and ibuprofen since at least August of 2012)). 2/24/14 medical report identifies that the patient has decreased pain from 6/10 to 3/10 with the use of medications. Regarding the requested Norco 10/325 mg #150 x 2, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; and that the lowest possible dose is being prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #150 x2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid use for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of postlaminectomy syndrome of lumbar region, COAT, spinal stenosis of lumbar region, myalgia and myositis, chronic pain due to trauma, tear of medial cartilage or meniscus of knee, depression. In addition, given documentation of decreased pain from 6/10 to 3/10 with the use of medications, there is documentation of functional benefit or improvement as a result of Norco use to date. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; and that the lowest possible dose is being prescribed. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg #150 x 2 is not medically necessary.

**Lunesta 3 mg #30 x2:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Med Lett Drugs.

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

**Decision rationale:** MTUS does not address this issue. ODG states non-benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists) are first-line medications for insomnia which includes eszopicolone (Lunesta). In addition, ODG identifies that Lunesta is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. Within the medical information available for review, there is documentation of diagnoses of postlaminectomy syndrome of lumbar region, COAT, spinal stenosis of lumbar region, myalgia and myositis, chronic pain due to trauma, tear of medial cartilage or meniscus of knee, depression. In addition, there is documentation of insomnia. Therefore, based on guidelines and a review of the evidence, the request for Lunesta 3 mg #30 x2 is medically necessary.

**Ibuprofen 600 mg #120 x5:** Overturned

**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 NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of postlaminectomy syndrome of lumbar region, COAT, spinal stenosis of lumbar region, myalgia and myositis, chronic pain due to trauma, tear of medial cartilage or meniscus of knee, depression In addition, there is documentation of chronic low back pain. Furthermore, given documentation of decreased pain from 6/10 to 3/10 with the use of medications, there is documentation of functional benefit or improvement as a result of ibuprofen use to date. Therefore, based on guidelines and a review of the evidence, the request for ibuprofen 600 mg #120 x 5 is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for ibuprofen 600 mg #120 x 5 is medically necessary.