

<b>Case Number:</b>	CM14-0074475		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	04/21/2010
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 Occupational 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 injured his low back on 04/21/10. Lunesta and naproxen are under review. On 02/21/13, x-rays showed no evidence of instability or stress fractures and no significant degenerative changes or foraminal stenosis. On 12/11/13, [REDACTED] stated he was doing well and he was not restricted in his work. He was to continue his medications per [REDACTED] for pain management. He would be seen again in 6 months. He was taking Lunesta and naproxen and multiple other medications. Urine drug screen was consistent with hydrocodone and oxycodone on 03/28/14. He has also had massage therapy, PT, home exercise program, epidural injection, and a TENS unit. The injured worker was evaluated on 04/25/14 and complained of low back and bilateral lower extremity pain with tingling and numbness, that was worse on the right side. It was described as sharp, aching, tingling, numbing, throbbing, shooting, constant and was rated at 8/10. Opioid medication improved his activity tolerance by about 70% in his household chores and work tolerance by 50%. He was starting to withdraw as he had taken no medication for 24 hours. He had tenderness of the low back at multiple levels and restricted range of motion. Leg raise was positive on the right side. Strength was 5/5 and he was diagnosed with lumbar radiculopathy. He was taking naproxen, Flexeril and cyclobenzaprine, tizanidine, Lunesta, Norco, oxycodone, and Soma. He is status post discectomy and laminectomy at L5-S1 in 2010. His medications were not being paid for and he was concerned about not being able to work and losing his job. He requested Suboxone but needed authorization.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 2mg tablet, 1 tablet Every Night PRN for 30 days. #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), 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): Formulary - Lunesta.

**Decision rationale:** The ODG Guidelines state Lunesta is not recommended for long-term use, but is recommended for short-term use in insomnia treatment. Guidelines recommend that treatment be based on the etiology, with the medications recommended below. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. In this case, there is no documentation that the injured worker's sleep problems have been fully assessed and his pattern of use of Lunesta and objective measures of functional improvement associated with its use have not been described. As such, the request is not medically necessary.

**Naproxen 500mg tablet, 1 tablet 3 times a day PRN for 30 days. #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Back Pain - Chronic Low Back Pain Page(s): 68, 70 and 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatories, Medications for Chronic Pain Page(s): 102,94.

**Decision rationale:** MTUS Guidelines state NSAIDs for Osteoarthritis (including knee and hip) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. For acute exacerbations of chronic pain, NSAIDs are recommended as a second-line treatment after acetaminophen. For Neuropathic pain, there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) with neuropathic pain. There is no evidence of continued inflammation for which this type of medication appears to be indicated on a chronic basis and there is no

indication that the injured worker has tried and failed other first line medications, including acetaminophen. As such, the request is not medically necessary.