

<b>Case Number:</b>	CM14-0082073		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	01/28/2010
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 65 year old female with an injury date of 01/28/10. Based on the 05/19/14 progress report provided by [REDACTED], the patient complains of neck pain due to severe degenerative spondylosis, including marked central spinal stenosis C3-4, 4-5, and progression of the pain and neurologic deficit in the C5-6 dermatomal distribution. (MRI, C/S 08/30/11). Decreased brachioradialis DTR right arm, weakness in the right biceps and right deltoid. Also, difficulty lifting and holding up arms and spasms in both arms, right more than left. She has partial pain relief her current analgesic medicines, which help her maximize her level of physical function and improve her quality of life as mother and grandmother. There is no evidence of drug overuse. She presents with 8, 9 on the Pain Scale. 3, 4 on Function, and 4 on the Sleep Scale. ESI scheduled on 05/23/14. Two surgeries done on 01/14/14 for right CTR and Right Ulnar Release. The following diagnosis is noted: 1. Chronic Neck Pain - Degenerative Cervical Spondylosis 2. Chronic Neck Pain - Myofascial pain syndrome 3. Chronic Right Shoulder Pain - Osteoarthritis 4. Pain Disorder with Psychological/General Medical Condition 5. Insomnia - Persistent Chronic pain (Lunesta 4 mg effective) MRI C/S dated 10/24/13 1. Degenerative disk changes noted on C3-4 and C6-7 level. 2. 3mm disk bulge at C3-4 with minimal cord impingement. 3. Foraminal stenosis on bilateral C4-5 and right C6-7 4. 2mm disk protrusion at C4-5 with minor cord impingement MRI Shoulder 02/10/12 1. Rotator cuff ruptures involving the supraspinatus tendon, tendinopathy and partial tearing of infraspinatus tendon 2. Moderate tendinopathy involving subscapularis 3. Biceps tenosynovitis 4. Subacromial/subdeltoid/subcoracoid bursitis [REDACTED] is requesting for Norco 10/325 mg #120 with 1 refill and Lunesta 2mg #30 with 3 refills. The utilization review being challenged is dated 05/28/14. The rationale is lack of documentation for certifying the prospective use of Norco, and

that the patient should have already been weaned from Lunesta with the allotted supply. ■■■■■ is the requesting provider, and he provided reports from 02/10/12 - 06/16/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg #120 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60,61.

**Decision rationale:** The patient presents with neck pain due to degenerative cervical spondylosis and myofascial pain syndrome, right shoulder pain due to osteoarthritis, pain disorder with psychological/general medical condition and insomnia due to persistent chronic pain. Regarding the request for Norco 10/325 mg #120 with 1 refill, according to MTUS, pg. 8-9, "when prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." For chronic opiate use, MTUS guidelines page 78 require documentation of the four A's (Analgesia, ADL's, Adverse side effects, Adverse drug seeking behavior), and "pain assessment" that include current pain level, average pain, least pain, time it takes for medication to be effective and duration of relief with medication. MTUS guidelines pages 88 and 89 also states: "Document pain and functional improvement and compare to baseline... Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." In this case, in addressing the four A's, the treater did not provide adequate opiate monitoring such as urine toxicology. The treater simply states, "No signs of drug overuse." The treater does not mention duration of pain relief and provides only general statement such as, "the medication helped the patient maximize her level of physical function and improved her quality of life as mother and grandmother." No specific ADL improvements are documented to determine significant improvement. Given the lack of documentation as required by MTUS, the request is not medically necessary.

**Lunesta 2mg #30 with 3 refills:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Med Left 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) Lunesta under Insomnia, Pain chapter.

**Decision rationale:** The patient presents with neck pain due to degenerative cervical spondylosis and myofascial pain syndrome, right shoulder pain due to osteoarthritis, pain disorder with

psychological/general medical condition and insomnia due to persistent chronic pain. As far as the request for Lunesta 2 mg #30, ACOEM, ODG guidelines state "Eszopicolone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. (Morin, 2007) 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." Given the current accepted safety of the medication, the request is medically necessary.