

<b>Case Number:</b>	CM13-0063957		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	07/19/2012
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 is a 60 year old female who sustained an industrial injury on 07/19/2012. Diagnoses include left sacroiliac joint dysfunction, chronic cervical sprain/strain, and chronic lumbar sprain/strain. Treatment to date has included medications. A physician progress note dated 10/23/2013 documents the injured worker has pain in the left hip and down the leg with numbness. Lyrica improves pain control. She is able to sit 60 minutes, stand 15, walk 15, and lift 10 pounds. Sleeps well with Lunesta. She has difficulty focusing at times and must focus attention for concentration. She ambulates with an antalgic gait due to left side pain. She has limited range of motion of the neck and shoulder at end point of range. She is tender in the cervical spinous processes and lumbar spinous processes. Treatment requested is for Butrans patch 10mcg/hr. # 4, Lunesta 3mg, #30 1 at hour of sleep for insomnia, and Lyrica 100mg, #120, twice a day for neuropathic pain. On 11/07/2013 Utilization Review modified the request for Butrans patch 10mcg/hr. # 4, to Butrans patch 10mcg/hr. #2, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines. On 11/07/2013 Utilization Review modified the request for Lunesta 3mg, #30 1 at hour of sleep for insomnia to Lunesta 3mg, #15-1 at hour of sleep, and cited was Official Disability Guidelines. On 11/07/2013 Utilization Review modified the request for Lyrica 100mg, #120, twice a day for neuropathic pain to Lyrica 100mg, #60, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines. A two week supply was certified by the physician. If additional medication is desired, then it was recommended that the

treating physician submit a new request along with a specific tapering schedule for each of these medications.

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

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

#### **LUNESTA 3 MG #30 1 PO Q HS FOR INSOMNIA: Upheld**

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

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

**Decision rationale:** Regarding the request for Lunesta, California MTUS does not address the issue. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is no clear description of the patient's insomnia, no statement indicating what behavioral treatments have been attempted, and no statement indicating how the patient has responded to treatment other than a mention that she sleeps well with Lunesta. Furthermore, there is no indication that the medication is being used for short-term treatment as recommended by guidelines. In the absence of such documentation, the currently requested Lunesta is not medically necessary.

#### **LYRICA 100 MG #120 PO BID FOR NEUROPATHIC PAIN: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-21.

**Decision rationale:** Regarding request for Lyrica, Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, the provider notes improved pain control specifically from the use of Lyrica and notes that the patient is able to sit 60 minutes, stand 15, walk 15, and lift 10 pounds with no side effects from the medication. In light of the above, the currently requested Lyrica is medically necessary.

#### **BUTRANS PATCH 10 MCG/HR #4: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** Regarding the request for Butrans, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS) and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Butrans is not medically necessary.