

<b>Case Number:</b>	CM14-0195571		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	02/02/2010
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 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 is a 57 year-old male, who sustained an injury on February 2, 2010. The mechanism of injury is not noted. Diagnostics have included: May 19, 2014 EMG/NCV reported as showing bilateral median nerve mononeuropathies at the wrist; December 6, 2011 lumbar x-rays reported as showing mild L3-L5 discogenic changes. Treatments have included: left knee surgery, left shoulder surgery, bilateral carpal tunnel releases, physical therapy, medications. The current diagnoses are: chronic low back pain, lumbar degenerative disc disease, right sciatica, right shoulder internal derangement, right knee internal derangement. The stated purpose of the request for Repeat MRI (magnetic resonance imaging) of the lumbar spine was not noted. The request for Repeat MRI (magnetic resonance imaging) of the lumbar spine was denied on November 17, 2014, citing a lack of documentation of positive neurologic exam findings. The stated purpose of the request for Lunesta 3mg, 1 tab QHS, #20 with 1 refill was for sleep. The request for Lunesta 3mg, 1 tab QHS, #20 with 1 refill was denied on November 17, 2014, citing a lack of documentation of sleep hygiene modification efforts. The stated purpose of the request for Percocet 10/325mg, 2 tabs four (4) times per day, pm #240: was to provide post-operative pain relief. The request for Percocet 10/325mg, 2 tabs four (4) times per day, pm #240: was modified for QTY # 230 on November 17, 2014, citing high dose acetaminophen dosage. Per the report dated November 10, 2014, the treating physician noted that the injured worker is scheduled for a right total knee arthroplasty and complains of chronic pain to the right shoulder, both knees, low back and right lower extremity. Exam findings included limited right shoulder range of motion, lumbar tenderness, facet joint tenderness, positive right McMurray test, and intact extremity muscle strength, reflexes and dermatomal sensation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat MRI (magnetic resonance imaging) of the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Magnetic resonance imaging (MRI) and on the Non-MTUS ACOEM Practice Guidelines, 2007, Chapter 12: Low Back Chapter, Magnetic resonance imaging (MRI), pages 52-59

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The requested Repeat MRI (magnetic resonance imaging) of the lumbar spine, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has chronic pain to the right shoulder, both knees, low back and right lower extremity. The treating physician has documented limited right shoulder range of motion, lumbar tenderness, facet joint tenderness, positive right McMurray test, and intact extremity muscle strength, reflexes and dermatomal sensation. The treating physician has not documented a positive straight leg raising test, nor deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, Repeat MRI (magnetic resonance imaging) of the lumbar spine is not medically necessary.

**Lunesta 3mg, 1 tab QHS, #20 with 1 refill: 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; Zolpidem (Ambien)

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

**Decision rationale:** The requested Lunesta 3mg, 1 tab QHS, #20 with 1 refill, is not medically necessary. CA MTUS is silent and ODG - Pain, Eszopicolone (Lunesta), Insomnia treatment, noted that it is "Not recommended for long-term use"; and "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." The injured worker has chronic pain to the right shoulder, both knees, low back and right lower extremity. The treating physician has documented limited right shoulder range of motion, lumbar tenderness, facet joint tenderness, positive right McMurray test, and intact extremity muscle strength, reflexes and dermatomal sensation. The treating physician has not documented

sleep hygiene modification attempts, nor rule out other causes of insomnia. The criteria noted above not having been met, Lunesta 3mg, 1 tab QHS, #20 with 1 refill is not medically necessary.

**Percocet 10/325mg, 2 tabs four (4) times per day, pm #240:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain Page(s): 78-80,80-82.

**Decision rationale:** The requested Percocet 10/325mg, 2 tabs four (4) times per day, pm #240, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going, Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has chronic pain to the right shoulder, both knees, low back and right lower extremity. The treating physician has documented limited right shoulder range of motion, lumbar tenderness, facet joint tenderness, positive right McMurray test, and intact extremity muscle strength, reflexes and dermatomal sensation. Even though the treating physician has noted a 50% improvement in pain with this medication, the treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Percocet 10/325mg, 2 tabs four (4) times per day, pm #240 is not medically necessary.