

<b>Case Number:</b>	CM14-0203095		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	07/08/2000
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Family Practice 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:

62 yr. old male claimant sustained a work injury on 7/18/2000 involving the neck, back, and shoulders. He was diagnosed with lumbar radiculopathy, cervical radiculopathy, and chronic pain. He underwent a cervical fusion. An MRI on 2/25/13 indicated he underwent a L3-L5 laminectomy and posterior lateral fusion. A right shoulder MRI in 1/2013 showed moderate tendonosis of the supraspinatus tendon with a moderate tear. A recent progress note on 10/24/14 indicated the claimant had 5-6/10 pain. Exam findings were notable for spasms in the cervical and lumbar spine with myofascial trigger points. The claimant have been undergoing a home exercise program as well as physical therapy. He had been on a sleep aid medication named Lunesta which provided him some help with sleep difficulties for over 6 months. He was also continued on Norco for pain for which he was taking for several months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months without significant improvement in pain or function. The continued use of Norco is not medically necessary.

**Lunesta 2mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) Pain.

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

**Decision rationale:** The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. 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. Lunesta is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. In this case the claimant has been taking the medication for several months. There were no behavioral interventions noted or etiology of insomnia explained. The continued use of Lunesta is not medically necessary.