

<b>Case Number:</b>	CM14-0206657		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	03/17/2004
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 61 year old male with an injury date of 03/17/14. Based on the 11/26/14 progress report provided by treating physician, the patient complains of right shoulder and back pain rated 4/10. Physical examination to the lumbar spine on 11/26/14 revealed tenderness to palpation over the L3-S1 facet capsules, pain with rotational extension indicative of facet capsular tears bilaterally. Treater states in progress report dated 11/26/14 that "the patient has been using medications with marked clinical benefit for increased functional capacity and decreased pain and suffering... The medications have been beneficial enough to preclude the use of interventional and diagnostic testing." The patient had labs done. Treater states that "narcotics improves condition." Patient's medications include Ultram, Lunesta, Amlodipine, Aspir-81, Lisinopril, Metformin, Omeprazole, and Pravastin. Ultram has been prescribed in progress reports dated 05/06/14 and 11/26/14. Lunesta has been prescribed in progress reports dated 10/03/14 and 11/26/14. The patient is permanent and stationary. Diagnosis 10/03/14, 11/26/14- status post right shoulder surgery, times one- lower back pain with radicular symptoms down the left leg. The 12/02/02 MRI of the lumbar spine reveals left-sided disc herniation at L5-S1 impinging upon the descending S1 nerve root. This clearly correlates with the patient's symptomatology.- left shoulder pain as a compensable consequence to right shoulder injury- a 1.2mm disc annulus bulge at L2-3 and 3mm disc protrusion versus herniation at L4-L5 with a focal area of increased signal at the posterior margin of the annulus. L5-S1 shows a reduced disc space height signal with 2-3 mm disc protrusion or herniation. There seems to be facet arthropathy on the MRI as well- radiofrequency neurotomy procedure on 08/10/09 with RF neurolysis, medial branch nerves, right L1, L2, L3 under fluoroscopy. - marked benefit for chronic spinal pain, due to the benefit of the radiofrequency rhizotomy procedure in 07/13/11-

diabetesThe utilization review determination being challenged is dated 12/18/14. Treatment reports were provided from 09/23/14 - 11/03/14.

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

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

**Ultram ER 100 mg #60 with 5 refills:** 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 Criteria for use of opioids Page(s): 88, 89, 76-78.

**Decision rationale:** The patient is status post right shoulder surgery and presents with right shoulder and back pain rated 4/10. The request is for Ultram ER 100 mg #60. Patient's diagnosis on 11/26/14 included lower back pain with radicular symptoms down the left leg. The 12/02/02 MRI of the lumbar spine reveals left-sided disc herniation at L5-S1 impinging upon the descending S1 nerve root, which clearly correlates with the patient's symptomatology. Patient's medications include Ultram, Lunesta, Amlodipine, Aspir-81, Lisinopril, Metformin, Omeprazole, and Pravastin. Ultram has been prescribed in progress reports dated 05/06/14 and 11/26/14. The patient is permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Treater states in progress report dated 11/26/14 that "the patient has been using medications with marked clinical benefit for increased functional capacity and decreased pain and suffering... The medications have been beneficial enough to preclude the use of interventional and diagnostic testing." The patient had labs done. Treater states that "narcotics improve condition." However, treater has not discussed how Ultram significantly improves patient's activities of daily living, only providing general statements; the four A's are not specifically addressed including discussions regarding specific ADL's, adverse effects, aberrant drug behavior, etc. There are no CURES or opioid pain contracts, either. Given the lack of documentation as required by MTUS, the request is not medically necessary.

**Lunesta 3 mg #30 with 5 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Med Lett Drugs Ther. 2005 Feb 28, 47 (1203): 17-9. Eszopicolone (lunesta), a new hypnotic [no authors listed]

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental and Stress Chapter states: Eszopicolone (Lunesta)

**Decision rationale:** The patient is status post right shoulder surgery and presents with right shoulder and back pain rated 4/10. The request is for Lunesta 3 mg #30 with 5 refills. Patient's diagnosis on 11/26/14 included lower back pain with radicular symptoms down the left leg. The 12/02/02 MRI of the lumbar spine reveals left-sided disc herniation at L5-S1 impinging upon the descending S1 nerve root, which clearly correlates with the patient's symptomatology. Patient's medications include Ultram, Lunesta, Amlodipine, Aspir-81, Lisinopril, Metformin, Omeprazole, and Pravastin. The patient is permanent and stationary. ODG-TWC, Mental and Stress Chapter states: "Eszopiclone (Lunesta): Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase... The FDA has lowered the recommended starting dose of Eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women." Treater has not provided reason for the request. ODG recommends short-term use of up to 3 weeks. Lunesta has been prescribed in progress reports dated 10/03/14 and 11/26/14, which is almost 2 months. Furthermore, the request for quantity 30 with 5 refills does not indicate intended short term use, and exceeds guideline recommendation. Therefore, the request is not medically necessary.