

<b>Case Number:</b>	CM15-0101930		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	06/18/2008
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: Emergency Medicine

### 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 50 year old male who sustained an industrial injury on 06-18-2008. Medical records indicated the worker was treated for pain in his right shoulder, left knee, and left lower extremity. He is status post left total knee replacement, Left knee chronic pain, and a non-healing wound (left knee). In the provider notes of 04-22-2015, the injured worker is seen for follow up evaluation following completion of his postoperative period. After his left knee surgeries and replacement of prosthetics from total knee surgery, he complains of numbness and loss of sensation over the median nerve distribution of the bilateral upper extremities that he feels is directly related to using crutches. He also complains of symptoms of incontinence with occasional bladder control. He reports difficulty getting in and out of bed due to the nature of his left extremity injury and lack of flexion of the leg. The final prosthesis will not be designed and inserted for six to eight months. He is requesting a hospital bed in order to assist him with getting out of bed, as well as providing a surface that will not be damaged by his incontinence. He is also requesting medication refills. Current medications include Gabapentin, Lunesta, and Oxycodone. A request for authorization was submitted for Medical Bed; Gabapentin 300mg #90; Lunesta 1mg #30; and Oxycodone Hydrochloride 5mg #100. A utilization review decision 05-11-2015 denied the request for a Medical Bed, modified the request for Oxycodone Hydrochloride 5 mg to approve #60, modified the request for Gabapentin 300 mg to #60 for weaning, and modified the request for Lunesta to Lunesta 1mg #20 for weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medical Bed:** 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) Treatment Index, 13th Edition (web), 2015, Low Back Chapter, Mattress selection.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic)/Mattress selection.

**Decision rationale:** The request is for a hospital bed and specialized mattress. The official disability guidelines state the following regarding this topic: Not recommended to use firmness as sole criteria. In a recent RCT, a waterbed (Aqva) and a body-contour foam mattress (Tempur) generally influenced back symptoms, function, and sleep more positively than a hard mattress, but the differences were small. The dominant problem in this study was the large amount of dropouts. The predominant reason for dropping out before the trial involved the waterbed, and there was some prejudice towards this type of mattress. The hard mattress had the largest amount of test persons who stopped during the trial due to worsening LBP, as users were more likely to turn around in the bed during the night because of pressures on protruding body parts. (Bergholdt, 2008) Another clinical trial concluded that patients with medium-firm mattresses had better outcomes than patients with firm mattresses for pain in bed, pain on rising, and disability; a mattress of medium firmness improves pain and disability among patients with chronic non-specific low-back pain. (Kovacs, 2003) There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. On the other hand, pressure ulcers (e.g., from spinal cord injury) may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure. (McInnes, 2011) As stated above, there are no high quality studies to support the use of a specialized mattress for the treatment of low back pain. There is no documentation of a pressure ulcer seen. In this case, the request is not supported by the guidelines. As such, a hospital bed and specialized mattress is not certified.

**Gabapentin 300mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** The request is for the use of a medication in the category of an anti-epileptic drug (AED). These medications are recommended for certain types of neuropathic pain. Most of the randomized clinical control trials involved include post-herpetic neuralgia and painful polyneuropathy such as in diabetes. There are few trials, which have studied central pain or radiculopathy. The MTUS guidelines state that a good response to treatment is 50% reduction in pain. At least a 30% reduction in pain is required for ongoing use, and if this is not seen, this should trigger a change in therapy. There should be documentation of functional improvement and side effects incurred with use. Disease states, which prompt use of these medications, include post-herpetic neuralgia, spinal cord injury, chronic regional pain syndrome, lumbar spinal stenosis, post-operative pain, and central pain. There is inadequate evidence to support use in non-specific axial low back pain or myofascial pain. In this case, there is lack of documentation of functional improvement or screening measures as required. As such, the request is not certified.

### **Lunesta 1mg #30: 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) Treatment Index, 13th Edition (web), 2015, Pain Chapter, Insomnia treatment: Mental Illness & Stress Chapter, Eszopicolone (Lunesta).

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

**Decision rationale:** The request is for the use of Lunesta to aid in insomnia. The official disability guidelines state the following regarding this topic: 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. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In this study, eszopicolone (Lunesta) had a Hazard ratio for death of 30.62 (C.I., 12.90 to 72.72), compared to zolpidem at 4.82 (4.06 to 5.74). In general, receiving hypnotic prescriptions was associated with greater than a threefold increased hazard of death even when prescribed less than 18 pills/year. (Kripke, 2012) The FDA has lowered the recommended starting dose of eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women. Previously recommended doses can cause impairment to driving skills, memory, and coordination as long as 11 hours after the drug is taken. Despite these long-lasting effects, patients were often unaware they were impaired. (FDA, 2014) In this case, continued use of this medication is not supported by the guidelines. This is secondary to the duration with long-term use being not advised. As such, the request is not certified.

### **Oxycodone Hydrochloride 5mg #100: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** The request is for the use of a medication in the opioid class. The MTUS guidelines state that for ongoing treatment with a pharmaceutical in this class, certain requirements are necessary. This includes not only adequate pain control, but also functional improvement. Four domains have been proposed for management of patients on opioids. This includes pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. As part of the pain treatment agreement, it is advised that "Refills are limited, and will only occur at appointments." In this case, there is inadequate documentation of persistent functional improvement seen. As such, the request is not certified. All opioid medications should be titrated down slowly in order to prevent a significant withdrawal syndrome.