

<b>Case Number:</b>	CM15-0103459		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	01/17/1997
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 59-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 17, 1997. In a Utilization Review report dated May 14, 2015, the claims administrator failed to approve requests for Lunesta, TENS unit supplies, and urine drug testing. A RFA form dated May 4, 2015 was referenced in the determination, along with the progress note of the same date. The applicant's attorney subsequently appealed. In a progress note dated November 12, 2014, the applicant reported multifocal complaints of neck, shoulder, and low back pain with derivative complaints of headaches, collectively ranged at 7/10. The applicant was using Vicodin for pain relief. An orthopedic consultation, spine surgery consultation, and additional physical therapy were endorsed, along with a rather proscriptive 10-pound lifting limitation. It was not clearly stated whether the applicant was or was not working with said limitation in place. The applicant's complete medication list was not seemingly detailed on this occasion. On April 29, 2015, the applicant reported ongoing complaints of neck pain, low back pain, and mid back pain and myofascial pain syndrome. The applicant had gained weight, it was reported. Electrodiagnostic testing of the lower extremities, aquatic therapy, and a neurosurgery referral were endorsed. 8/10 pain complaints were noted. The applicant was apparently using and/or asked to continue Prilosec, Flexeril, Celebrex, Vicodin, and Ambien. Permanent work restrictions were renewed. It did not appear that the applicant was working with said limitations in place. In an RFA form dated June 3, 2015, TENS unit supplies, Lunesta, Prilosec, Vicodin, Celebrex, Flexeril, and a lumbar support were endorsed. In an associated progress note of June 3, 2015, the applicant was

asked to continue the TENS unit. Highly variable 4 to 8/10 pain complaints were noted. The attending provider stated that the applicant's medications were beneficial, but did not elaborate further. The applicant did have issues with reflux without omeprazole, it was suggested. The applicant was asked to continue the TENS unit, TheraCane massager, and heating pad. It was stated that Lunesta was being endorsed on a trial basis. The attending provider seemingly suggested that she intended to employ Lunesta on a chronic basis for long-term effect purposes, if beneficial.

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

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

#### **Retrospective Lunesta 1 mg #30 (5/4/15): 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), pain (chronic) Lunesta.

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

**Decision rationale:** No, the request for Lunesta, a sleep aid, was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, ODG's Mental Illness and Stress Chapter eszopiclone topic notes that Lunesta is not recommended for long-term use purposes but, rather, should be reserved for short-term use purposes. Here, the attending provider seemingly stated in her June 3, 2015 progress note that she was intent on employing Lunesta for "long-term effect." The first time request for 30 tablets of the same again implied chronic, long term, and/or nightly usage of the same, i.e., usage at odds with the ODG position on Lunesta. Therefore, the request was not medically necessary.

#### **Retrospective Tens patches 2 pairs (5/4/15): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

**Decision rationale:** Similarly, the request for TENS unit patches was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of a TENS unit beyond an initial one-month trial should be predicated on evidence of favorable outcome during said one-month trial, with evidence of favorable outcomes in terms of both pain relief and function. Here, however, it did not appear that the TENS unit had proven particularly successful. Permanent work restrictions were renewed as of the June 5, 2015 progress note at issue. It did not appear that the applicant was working with said limitations in place. Ongoing usage of the TENS unit had failed

to curtail the applicant's dependence on a variety of analgesic medications, including Vicodin, Celebrex, Flexeril, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of a TENS unit. Therefore, the request for provision of associated TENS unit supplies in the form of the patches in question was not indicated. Therefore, the request was not medically necessary.

**Retrospective urine toxicology 5/4/15): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Pain (Chronic),Urine drug testing (UDT).

**Decision rationale:** Finally, the request for urine toxicology testing/urine drug testing performed on May 4, 2015 was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter urine testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, and attempt to categorize the applicant's into higher-or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, the attending provider did not clearly identify when the applicant was last tested. The May 4, 2015 progress note did not contain the applicant's complete medication list. The attending provider neither signaled his intention to conform to the best practices of United States Department of Transportation nor signaled his intention to eschew confirmatory and/or quantitative testing here. It was not stated what drug tests and/or drug panels were being tested for. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.