

<b>Case Number:</b>	CM15-0134633		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	08/16/2001
<b>Decision Date:</b>	09/17/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 58 year old female, who sustained an industrial injury on 08/16/2001 when she reported injuring her right shoulder. The injured worker is currently permanently disabled and permanent and stationary. The injured worker is currently diagnosed as having bilateral cervical facet joint pain, cervical post laminectomy syndrome, status post C6-C7 anterior cervical discectomy and fusion, cervical disc protrusion, cervical stenosis, cervical sprain/strain, and right shoulder pain. Treatment and diagnostics to date has included cervical spine surgery, chiropractic treatment, consistent urine drug screens, and use of medications. In a progress note dated 04/21/2015, the injured worker presented with complaints of bilateral lower neck pain radiating into her right shoulder and right upper extremity. It is reported that the prescribed Ambien is not working as well to help her sleep and would like to try Lunesta. The physician stated that the injured worker's pain level is decreased from 9/10 on the pain scale to 3/10 with use of Norco. Objective findings include restricted cervical and lumbar range of motion due to pain with cervical muscle spasms. The treating physician reported requesting authorization for Lunesta and 2 prescriptions of hydrocodone/acetaminophen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 74-80.

**Decision rationale:** This injured worker has chronic pain with an injury sustained in 2001. The medical course has included numerous treatment modalities including surgery and use of several medications including narcotics. Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The request for hydrocodone/APAP is not medically necessary substantiated in the records.

**Hydrocodone 10/325mg #180 with 3 refills:** 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  
Page(s): 74-80.

**Decision rationale:** This injured worker has chronic pain with an injury sustained in 2001. The medical course has included numerous treatment modalities including surgery and use of several medications including narcotics. Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The request for hydrocodone/APAP is not medically necessary or substantiated in the records.

**Lunesta 3mg #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate: drug information: lunesta and treatment of insomnia.

**Decision rationale:** Lunesta is used in the treatment of insomnia (with difficulty of sleep onset and/or sleep maintenance) and has the longest half-life of the approved non-benzodiazepines, approximately five to seven hours. Reported side effects include somnolence, headache, dizziness, and unpleasant dreams. Patients with insomnia should receive therapy for any medical or psychiatric illness, substance abuse, or sleep disorder that may cause the problem and be counseled regarding sleep hygiene. After this, cognitive behavioral therapy can be trialed prior to medications. In this injured worker, the sleep pattern, hygiene or level of insomnia is not addressed. There is also no documentation of a discussion of goals for efficacy or side effects or why this is preferred over the ambien the worker has been taking. The documentation does not support the request for lunesta and is not medically necessary.