

<b>Case Number:</b>	CM15-0140638		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	08/04/1998
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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 56 year old male who sustained an industrial injury on 8.4.98 when he fell from a ladder resulting in injury to his lower back and right foot. He had surgery (per 2.22.00 note). He has had multiple prior injuries dating back to 1991 when he was involved in a motorcycle accident sustaining multiple fractures of the thoracic and vertebral bodies. He currently has mid and low back pain and shoulder pain. He had shoulder surgery 3.27.15. He is in a wheelchair. Medications were Fentanyl patch, Norco, Soma, Senekot, Neosporin ointment, Lactulose solution, Lunesta, Motrin. He had a urine drug screen 6.12.15 that was consistent with prescribed medications. Diagnoses include status post multilevel revision surgery (4.20.13), thoracolumbar fusion from T8 to sacrum (7.2012); prior history of three-level lumbar fusion in 2001, revision surgery for L4 fracture in 12.2014; bilateral hip flexor surgery (11.5.10); left shoulder pain; status post arthroscopic surgery of the left shoulder (3.24.15). Treatments to date include medications; aqua therapy (per 1.3015 note). Diagnostics include MRI of the left shoulder (4.26.12) showing severe osteoarthritis, acromioclavicular joint degenerative changes with impingement, rotator cuff tendinosis. In the progress note dated 6.12.15 the treating provider's plan of care included requests for Lunesta 3 mg #30 with one refill; urine drug screen. Per progress note dated 1.30.15 the provider indicates that Lunesta gives the injured worker six hours of solid sleep.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 3mg #30 with 1 refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Insomnia treatment. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Insomnia treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Eszopicolone (Lunesta), Insomnia treatment.

**Decision rationale:** The requested Lunesta 3mg #30 with 1 refill is medically necessary. CA MTUS is silent and ODG - Pain, Eszopicolone (Lunesta), Insomnia treatment, noted that it is not recommended for long-term use; and 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. The injured worker has mid and low back pain. The treating physician has documented that Lunesta gives the injured worker six hours of solid sleep. The criteria noted above having been met, Lunesta 3mg #30 with 1 refill is medically necessary.

**Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screens, Cautionary red flags of addiction. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Urine drug testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** The requested Urine drug screen is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Drug testing, recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The injured worker has mid and low back pain. The treating physician has documented that Lunesta gives the injured worker six hours of solid sleep. The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of the previous drug screening over the past 12 months nor what those results were and any potential related actions taken. The request for drug screening is to be made on a random basis. There are also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, urine drug screen is not medically necessary.

