

<b>Case Number:</b>	CM15-0184785		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	08/31/2011
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: 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 injured worker is a 66 year old male, who sustained an industrial injury on August 31, 2011. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having chronic left shoulder pain with full-thickness tear of supraspinatus tendon per MRI, chronic cervical pain with cervical sprain superimposed on severe spinal stenosis at C3-4, chronic left knee pain with MRI scan showing tricompartmental degenerative arthritis, chronic headaches, constipation and insomnia. Treatment to date has included diagnostic studies and medication. On August 25, 2015, the injured worker complained of left shoulder pain, left knee pain, neck pain and headaches. The injured worker was noted to obtain pain relief and "improved" functioning form Norco. His insomnia was reported to be improved on Lunesta medication. At the time of exam, he was currently awaiting left shoulder surgery. The treatment plan included Norco 5-325mg #150 with no refills. On September 14, 2015, utilization review denied a request for Lunesta 3mg #30 and Norco 5-325mg #150.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 3mg #30 with 3 refills: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG), Mental Illness & Stress: Insomnia treatment (2015).

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

**Decision rationale:** MTUS Guidelines do not address this issue. ODG Guidelines address this issue and in the updated versions of the Guidelines, it is noted that the use of Lunesta is FDA approved for greater than 35 days and there are no Guideline limitations recommended for its use. The Guidelines do support the long-term use of specific hypnotic medications when insomnia is related to a chronic pain disorder. Under these circumstances, the Lunesta 3mg. #30 with 3 refills is supported by Guidelines and is medically necessary.

**Norco 5/325 #150:** Overturned

**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): Functional restoration programs (FRPs), Opioids, criteria for use.

**Decision rationale:** MTUS Guidelines do allow for the long-term use of opioid medications when specific standard are met. These standards include meaningful pain relief, functional support and the lack of drug related aberrant behaviors. These Guideline standards are met with this individual. Pain relief is well documented, functional improvements are adequately documented and there is no evidence of drug related aberrant behaviors. Under these circumstances, the Norco 5/325 #150 is supported by Guidelines and is medically necessary.