

<b>Case Number:</b>	CM15-0192622		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	07/22/2013
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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 36 year old male with a date of injury on 07-22-2013. The injured worker is undergoing treatment for cervical disc displacement without myelopathy, cervical spinal stenosis, lumbar disc displacement without myelopathy, and spinal stenosis-lumbar. A physician progress note dated 09-01-2015 documents the injured worker complains of lower back pain and cervical pain due to cervical and lumbar disc displacement. He also complains of pain in his right great toe. He states he fell two weeks ago and has been having a burning and stinging in his left side of this low back that radiates into his left buttock and down the back of his left legs. He has had this pain before but it is now severe. He has diarrhea since this fall. He also states he has had sexual dysfunction since this fall. He has daily headaches. "It seems he is having a flare after his fall." Treatment to date has included diagnostic studies, medications, use of a Transcutaneous Electrical Nerve Stimulation unit, icing and stretching, physical therapy, three epidural injections that did not provide long-term benefit, and lumbar facet injection. Current medications include Lunesta and Naproxen. An unofficial Magnetic Resonance Imaging report of the cervical spine revealed marrow edema across the endplate at C6-C7 and a 2mm osteophyte complex with mild to moderate canal narrowing and a 1mm disc osteophyte complex and mild canal narrowing at C5-C6. The treatment plan includes continuing with the Naproxen (since at least 05-11-2015) for pain and inflammation and Lunesta (since at least 06-11-2015) is providing improvement in his quality of sleep. He has been approved for participation in 80 hours of functional restoration program. He may need a referral to an urologist in the future with regards to his erectile dysfunction. On 09-11-2015 Utilization Review modified the request for

Pharmacy purchase of Eszopiclone/Lunesta 1mg #30 (dispensed 09/01/2015) to Eszopiclone/Lunesta 1mg #10. Utilization Review, on 09-11-2015 modified the request for Pharmacy purchase of Naproxen 550mg #90 (dispensed 09/01/2015) to Naproxen 550mg #30.

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

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

#### **Pharmacy purchase of Eszopiclone/Lunesta 1mg #30 (dispensed 09/01/2015): 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 Chapter, Sleep Aids.

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

**Decision rationale:** The MTUS Guidelines do not address pharmacologic sleep aids. Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management 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. Primary insomnia is generally addressed pharmacologically whereas secondary insomnia may be treated with pharmacological and/or psychological measures. Eszopiclone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. It is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. A randomized, double blind, controlled clinical trial with 830 primary insomnia patients reported significant improvement in the treatment group when compared to the control group for sleep latency, wake after sleep onset, and total sleep time over a 6-month period. Side effects: dry mouth, unpleasant taste, drowsiness, dizziness. Sleep-related activities such as driving, eating, cooking and phone calling have occurred. Withdrawal may occur with abrupt discontinuation. In this case, the injured worker has been prescribed Lunesta for at least two months. This medication is recommended for short-term treatment only. Additionally, the medical records do not indicate that non-pharmacological modalities such as cognitive behavioral therapy or addressing sleep hygiene practices prior to utilizing a pharmacological sleep aid, therefore, the request for pharmacy purchase of Eszopiclone/Lunesta 1mg #30 (dispensed 09/01/2015) is determined to not be medically necessary.

#### **Pharmacy purchase of Naproxen 550mg #90 (dispensed 09/01/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The use of NSAIDs is recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. In this case, the injured worker has had an acute exacerbation of chronic pain; however, this request for 90 naproxen exceeds the quantity needed to treat an acute exacerbation of pain, therefore, and the request for pharmacy purchase of Naproxen 550mg #90 (dispensed 09/01/2015) is determined to not be medically necessary.