

<b>Case Number:</b>	CM15-0198370		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	08/23/1994
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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, Florida, 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 70 year old female, who sustained an industrial injury on 8-23-1994. The injured worker is being treated for chronic pain syndrome, muscle spasms, facet arthralgia, insomnia, cervical degenerative disc disease, cervical failed back surgery syndrome, cervical radiculopathy, neck pain and headaches. Treatment to date has included diagnostics, and long term opiate therapy for pain. Per the Primary Treating Physician's Progress Report dated 9-04-2015, the injured worker presented for reevaluation, medication management and monitoring of ongoing neck pain. She has been well managed on chronic opiate therapy. She has successfully tapered from previously much higher doses. Kadian allows her 50% pain relief, allowing her to do her ADLs, to drive, go to church, and socialize. She takes Norco for breakthrough pain. Objective findings included maximum tenderness to the right shoulder, left shoulder, paracervical, parascapular and trapezius areas. The plan of care included medication management, and authorization was requested for Lunesta 3mg #60, Kadian 30mg #60 and Hydrocodone-acetaminophen 10-325mg #240. On 9-18-2015, Utilization Review modified the request for Lunesta 3mg #60 and non-certified the request for Hydrocodone-acetaminophen 10-325mg #240.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 3mg 1-2 po qhs #60: 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, Online version.

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

**Decision rationale:** This claimant was injured in 1994 and has reported chronic pain. Regarding Eszopicolone (Lunesta), the MTUS is silent. The ODG, Pain section simply notes it is not recommended for long-term use, but recommended for short-term use. In this case, the use appears to be chronic, with little mention of benefit out of the sleep aid. There is insufficient evidence to support the usage in this claimant's case. The request is not medically necessary.

**Hydrocodone-Acetaminophen 10/325mg 2 po Q 6 hrs prn pain #240: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, dosing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page 79, 80 and 88 of 127. As shared, this claimant was injured in 1994 and has reported chronic pain. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.