

<b>Case Number:</b>	CM15-0198899		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	02/01/2002
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 74 year old female, who sustained an industrial injury on 2-1-2002. The injured worker was being treated for lumbar spine degenerative disc disease and radiculopathy. The injured worker (5-18-2015 and 5-28-2015) reported her pain level was unchanged since the last visit. She rated her pain 2 out of 10 with medications and 8 out of 10 with medications. She reported ongoing poor sleep quality. The injured worker (7-9-2015) reported ongoing low back pain radiating down the legs. She reported ongoing poor sleep quality. She reported without Lunesta she gets 4 hours of fragmented sleep and with Lunesta she gets 7 hours of quality sleep. She reported her activity level was unchanged. She rated her pain 2 out of 10 with medications and 7 out of 10 with medications. The physical exam (5-18-2015, 5-28-2015, and 7-9-2015) revealed tenderness and tight muscle band of the bilateral cervical paravertebral muscles, tenderness of the bilateral thoracic paravertebral muscles, spasm and tenderness of the bilateral lumbar paravertebral muscles, and tenderness over the sacral iliac spine. There was no documentation of a signed pain agreement, risk assessment, or a recent urine drug screen to verify compliance with Norco. Treatment has included physical therapy, home exercises, cervical epidural steroid injection, lumbar epidural steroid injection, and medications including Neurontin, Norco (since at least 5-2015), Lunesta (since at least 5-2015), and Celexa (since at least 5-2015). The requested treatments included Lunesta 3mg, Celexa 20mg, and Norco 10-325mg. On 9-23-2015, the original utilization review non-certified requests for Lunesta 3mg, Celexa 20mg, and Norco 10-325mg.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 3mg tablet take 1 at bedtime quantity 30 with two refills:** Upheld

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

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

**Decision rationale:** Regarding the request for Lunesta, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there are subjective complaints of insomnia, discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, a statement indicating how the patient has responded to Lunesta treatment, but no statement indicating what behavioral treatments have been attempted for the condition of insomnia. Finally, there is no indication that Lunesta is being used for short term use as recommended by guidelines. In the absence of such documentation, the currently requested Lunesta 3mg tablet take 1 at bedtime quantity 30 with two refills is not medically necessary.

**Celexa 20mg quantity 30 with two refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/monograph/celexa.html>.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Initial Assessment, Medical, Physical Examination, Diagnostic Testing, Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

**Decision rationale:** Regarding the request for Celexa (citalopram), Chronic Pain Medical Treatment Guidelines state that selective serotonin reuptake inhibitors may have a role in treating secondary depression. Additionally, guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present. Guidelines indicate that a lack of response to antidepressant medications may indicate other underlying issues. Within the documentation available for review, there is no evidence of any recent mental status examinations to determine a diagnosis of depression. Additionally, there is no documentation indicating whether or not the patient has responded to the current Celexa treatment. Antidepressants should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of clarity regarding those issues, the currently requested Celexa 20mg quantity 30 with two refills is not medically necessary.

**Norco 10/325mg 3-4 times per day quantity 105 with two refills: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), documentation regarding side effects, and discussion regarding aberrant use. As such, there is clear indication for ongoing use of the medication. In light of the above issues, the currently requested Norco 10/325mg 3-4 times per day quantity 105 with two refills is medically necessary.