

<b>Case Number:</b>	CM15-0200226		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	12/22/2008
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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, New York, 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 applicant is a represented 37-year-old who has filed a claim for chronic low back, neck, and wrist pain reportedly associated with an industrial injury of December 22, 2008. In a Utilization Review report dated September 15, 2015, the claims administrator failed to approve requests for Vicodin and Lunesta. The claims administrator did, however, approve a request for Dilaudid. A December 5, 2014 date of service was referenced in the determination. On said December 5, 2014 office visit, it was acknowledged that the applicant was not, in fact working. 8/10 pain complaints were reported. The attending provider acknowledged that Vicodin was generating only "limited help." The applicant's complete medication list included Vicodin, Lunesta, and Lidoderm, it was stated in another section of the note. The applicant was asked to consult an otolaryngologist, psychiatrist, and orthopedist. Lunesta, Lidoderm, and Vicodin were all apparently renewed while the applicant was seemingly kept off of work. A second short-acting opioid, Dilaudid, was also prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5/300mg #90:** Upheld

**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): Opioids, criteria for use.

**Decision rationale:** No, the request for Vicodin, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. The request in question was framed as a renewal request for the same on the December 5, 2014 office visit at issue. Page 80 of the MTUS Chronic Pain Medical Treatment Guidelines notes that the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, it was reported on December 5, 2014. The attending provider stated, moreover, that Vicodin was generating only "limited help," it was reported on that date. The attending provider failed to identify meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Vicodin usage. Page 78 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that the lowest possible dose of opioids should be prescribed to improve pain and function. Here, however, the attending provider failed to furnish a clear or compelling rationale for concurrent usage of 2 separate short-acting opioids, Vicodin and Dilaudid, as were seemingly prescribed on the December 5, 2014 office visit at issue. Therefore, the request was not medically necessary.

**Lunesta 3mg (#30 with 2 refills) #90 total:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

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

**Decision rationale:** Similarly, the request for Lunesta, a sleep aid, was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, ODG's Mental Illness and Stress Chapter Eszopiclone topic notes that Lunesta is not recommended for long-term use purposes but, rather, should be reserved for short-term use purposes. Here, however, the 30-tablet, 2-refill supply of Lunesta at issue, in and of itself, implied chronic, long-term, and/or daily usage of the same, i.e., usage which ran counter to the ODG position against long-term usage of Lunesta. Therefore, the request was not medically necessary.