

<b>Case Number:</b>	CM15-0203411		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	04/11/2012
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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: Physical Medicine & Rehabilitation

### 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 52 year old male, who sustained an industrial injury on 4-11-12. The injured worker was being treated for discogenic cervical condition, impingement syndrome of right shoulder, impingement of left shoulder and chronic pain associated with inactivity leading to depression, sleep disorder and stress. On 9-29-15, the injured worker complains of continued tightness of right shoulder and burning with range of motion (has not improved since 1-2015) and shooting pain down right and left arm. Work status is with limitations. Physical exam performed on 9-29-15 revealed restricted range of motion of right shoulder with positive impingement, tenderness along rim of distal clavicle, tenderness along the os acromiale on palpation and on left some tenderness along the os acromiale with tenderness along the rotator cuff and biceps tendon on left. Treatment to date has included 3 right shoulder surgeries, physical therapy, right shoulder injection (did not give him long term relief), Cervical facet injection (received some relief), (TENS) transcutaneous electrical nerve stimulation unit, neck traction, group therapy, oral medication including Naproxen 550mg #60, Effexor XR 75mg #60, Remeron 15mg #30, Topamax 50mg #60, Protonix 20mg 360, Ultracet 37.5mg #60 (since at least 3-25-15) and Lunesta 2mg #30 and activity modifications. The treatment plan included request for authorization for Naproxen 550mg #60, Effexor XR 75mg #60, Remeron 15mg #30, Topamax 50mg #60, Protonix 20mg 360, Ultracet 37.5mg #60 and Lunesta 2mg #30. On 10-7-15 request for Ultracet 37.5mg #60 was modified to #34 and Lunesta 2mg #30 was denied by utilization review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Lunesta 2 MG Qty 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 Chapter under Insomnia Treatment.

**Decision rationale:** The patient was injured on 04/11/12 and presents with bilateral shoulder pain and neck pain. The request is for LUNESTA 2 MG QTY 30 for sleep. The utilization review denial letter did not provide a rationale. The RFA is dated 09/29/15 and the patient's work status is that he has limitation with his upper extremities; limitation with reaching; working at or above shoulder level; and forceful pushing, pulling, and lifting. The patient has been taking this medication as early as 08/21/15. ODG Mental Illness & Stress Chapter under Insomnia Treatment section states: "Recommend that treatment be based on the etiology, with the medications recommended below. See Insomnia. Pharmacological agents should only be used 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. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. See the Pain Chapter for detailed recommendations and references. Pharmacologic Treatment: There are four main categories of pharmacologic treatment: (1) Benzodiazepines; (2) Non-benzodiazepines; (3) Melatonin receptor agonists; & (4) Sedating antihistamines (primarily over-the-counter medications). (2) Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. Eszopicolone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. The only benzodiazepine-receptor agonist FDA approved for use longer than 35 days." The patient is diagnosed with discogenic cervical condition, impingement syndrome of right shoulder, impingement of left shoulder and chronic pain associated with inactivity leading to depression, sleep disorder and stress. Lunesta was prescribed on 08/21/15 and 09/21/15. However, there is no documentation of how Lunesta impacted the patient's sleep disorder. Due to lack of documentation, the requested Lunesta IS NOT medically necessary.

### **Ultracet 37.5 MG Qty 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient was injured on 04/11/12 and presents with bilateral shoulder pain and neck pain. The request is for ULTRACET 37.5 MG QTY 60 for pain. The RFA is dated 09/29/15 and the patient's work status is that he has limitation with his upper extremities; limitation with reaching; working at or above shoulder level; and forceful pushing, pulling, and lifting. The patient has been taking this medication as early as 03/17/15. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, page 113 regarding Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. The patient is diagnosed with discogenic cervical condition, impingement syndrome of right shoulder, impingement of left shoulder and chronic pain associated with inactivity leading to depression, sleep disorder and stress. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. There are no before and after medication pain scales provided. There are no examples of ADLs which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There is no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with his prescribed medications. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Ultracet IS NOT medically necessary.