

<b>Case Number:</b>	CM15-0089365		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	05/09/2013
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: California  
 Certification(s)/Specialty: Emergency 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 62 year old male, who sustained an industrial injury on May 9, 2013. He reported right knee and right shoulder injuries. The injured worker was diagnosed as having right shoulder impingement syndrome versus rotator cuff tear, right acromioclavicular joint degenerative joint disease, and bilateral knee degenerative joint disease. Diagnostic studies to date have included x-rays, MRI, and urine drug screening. Treatment to date has included work modifications, a right shoulder injection, a right knee viscosupplementation injections, and medications including opioid pain, non-steroidal anti-inflammatory, and sleep. Urine Drug Screen dated 6/10/14 and 10/7/14 was absent of hydrocodone despite patient prescribed it. Urine drug screen on 4/2/15 was positive for hydrocodone. On April 2, 2015, the injured worker complains of continued right shoulder pain, which is rated 8/10 without medications and 3/10 with medications. He complains of right knee pain, which is rated 6/10 without medications and 2/10 with medications. He complains of difficulty sleeping due to pain. The physical exam revealed tenderness over the anterolateral aspect of the right shoulder, decreased sensation over the median and ulnar nerve distribution, and normal right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of Lunesta 3mg #15: Upheld**

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

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

**Decision rationale:** There is no specific sections in the MTUS chronic pain or ACOEM guidelines that relate to this topic. Lunesta/eszopiclone is a benzodiazepine agonist approved for insomnia. As per ODG guidelines, it recommends treatment of underlying cause of sleep disturbance and recommend short course of treatment. While Lunesta is approved for chronic insomnia use, there is no documentation of treatment of underlying cause of sleep problems, details of sleep problems and conservative intervention. Chronic use of Lunesta is still not recommended and lack of efficacy does not support continued use. Eszopiclone is not medically necessary.

**1 Prescription of Norco 10/325mg #45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

**Decision rationale:** Norco is acetaminophen with hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. There is no documentation of objective improvement with this medication. Patient has claimed improvement in pain but no documentation of any objective measure of this improvement. There is no objective functional improvement documented. Chronic use of norco with no documentation of functional improvement or long term plan is not recommended. Prescription for Hydrocodone/acetaminophen is not medically necessary.

**1 Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** As per MTUS Chronic pain guidelines, drug screening may be appropriate as part of the drug monitoring process. Patient just had several recent drug tests and there is no documentation screening of risk for abuse. It is unclear if the provider consider this patient high or low risk of abuse and multiple recent urine drug testing does not warrant an additional urine drug screen without appropriate rationale. The request is not medically necessary.