

<b>Case Number:</b>	CM14-0138965		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	09/18/2007
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 56 year old male with an injury date of 09/18/07. Based on 07/22/14 progress report provided by [REDACTED], the patient complains of back pain that radiates to the leg. He rates his pain 6-7/10 without the pain medication and 2-3/10 with pain medication. Patient takes Norco two to three times a day. He does not report any adverse reaction to medication and does not exhibit aberrant behavior. He has been compliant with Norco. The last urine toxicology was done on 04/24/14 and his score indicated low risk. Patient is able to do his ADL's well and is able to help with some simple household chores. Patient reports that medication has been working well and improves his function. Progress report dated 07/22/14 states that patient remains temporarily totally disabled, though declared permanent and stationary by QME. Patient also presents with chronic insomnia and has tried everything from changing his diet to relaxation and keeping a regular sleep and awakening schedule without success. Patient has taken Lunesta for a long time and is unable to sleep without it. Physical examination on 07/22/14 states that patient ambulates with an antalgic gait. Patient has normal reflexes. Straight leg raise test is positive on left. There is decreased sensation in the left L5 and left S1 dermatomal distribution. MRI Lumbar Spine 03/15/13- left hemilaminectomy L4-L5- mild to moderate spondylosis resulting in mild canal narrowing L2-L3- moderate foraminal narrowing L4-L5 Diagnosis 07/22/14- chronic low back pain- unable to rule out lumbar facet joint pain- left L5 and S1 radiculopathy- chronic insomnia [REDACTED] is requesting 1. 30 Tablets of Lunesta 2mg, 2.90 tablets of Norco 10/325mg. The utilization review determination being challenged is dated 09/18/07. The rationale follows: 1. 30 Tablets of Lunesta 2mg - unclear how medication improved patient's insomnia 2. 90 tablets of Norco 10/325mg- objective evidence of functional

improvement not noted [REDACTED] is the requesting provider, and she is has provided treatment reports from 03/25/14 - 08/19/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **30 Tablets of Lunesta 2mg: Overturned**

**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 ) ODG guidelines have the following regarding Lunesta under Insomnia, Pain chapter.

**Decision rationale:** Patient presents with insomnia. The request is for 30 Tablets of Lunesta 2mg. Progress report dated 07/22/14 states that patient has tried everything from changing his diet to relaxation and keeping a regular sleep and awakening schedule without success. Patient has taken Lunesta for a long time and is unable to sleep without it. ACOEM, ODG guidelines, state "Eszopicolone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. (Morin, 2007) The only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. A randomized, double blind, controlled clinical trial with 830 primary insomnia patients reported significant improvement in the treatment group when compared to the control group for sleep latency, wake after sleep onset, and total sleep time over a 6-month period." Given the current accepted safety of the medication, the request is for medical necessity.

#### **90 Tablets of Norco 10/325mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60, 61.

**Decision rationale:** MTUS Guidelines 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 page 78 also requires documentation of the 4As (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. Based on progress report dated 07/22/14 by treating physician, the 4As have been addressed. However, while the treating physician lists ADL's it is not known how much medications are allowing the patient to stay function. A pain scale rating pain with and without medication has been given, however 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 have not been documented. The request is not medically necessary.

