

<b>Case Number:</b>	CM14-0147602		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	08/04/1993
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 Family Medicine 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:

This is a 60-year-old male with an 8/4/93 date of injury. A specific mechanism of injury was not described. According to a progress report dated 9/17/14, the patient continued to make efforts to lose weight, so that he may follow-up with an orthopedist regarding his left knee surgery. The left knee is such that he was compensating and now had right knee pain and his right lower back was hurting. His current medication regimen consisted of Opana ER 100mg 3 times a day, Oxycodone 45mg 5 times a day, Osymia 15/92, Valium 10mg twice a day, Lunesta 3mg at bedtime, Ibuprofen, Omeprazole, and Promethazine. Objective findings: patient continues to lose weight; he can only do about 50% of a squat, limited range of motion of back. Diagnostic impression: chronic cervical pain status post 2 surgeries, chronic lumbar pain, obesity, and osteoarthritis of both knees secondary to weight gain, high likelihood of sleep apnea. Treatment to date: medication management, activity modification, surgery. A UR decision dated 8/30/14 denied the requests for Lunesta and Oxycodone 15mg and certified the request for 1 orthopedic evaluation of the knees. Regarding Lunesta, the patient has been taking this since at least 6/26/12. This medication is not recommended for long-term use and is highly discouraged in the chronic phase. These medications can be more impairing than opioids. Regarding Oxycodone, the patient has far exceeded the daily MED, which is currently at 1102.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 3mg #30:** Upheld

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

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

**Decision rationale:** CA MTUS does not address this issue. ODG states Eszopiclone (Lunesta) is a non-benzodiazepine sedative-hypnotic (benzodiazepine-receptor agonist) and is a first-line medication for insomnia; it is a schedule IV controlled substance that has potential for abuse and dependency; side effects: dry mouth, unpleasant taste, drowsiness, dizziness; sleep-related activities such as driving, eating, cooking and phone calling have occurred; and withdrawal may occur with abrupt discontinuation. According to the reports provided for review, the patient has been taking Lunesta since at least 6/14/12, if not earlier. Guidelines do not support the chronic use of sleep aids. In addition, there is no documentation that the provider has addressed non-pharmacologic methods for sleep disturbances, such as proper sleep hygiene. Therefore, the request for Lunesta 3mg #30 was not medically necessary.

**Oxycodone 15mg, #450:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, the patient is also taking Opana ER 100mg 3 times a day. The patient's combined daily MED is 1237.5, which far exceeds the guideline recommended maximum of 200 MED. Medication regimens with excessively high MED calculations are not supported due to the risk of adverse side effects, such as respiratory depression and sedation. The patient is also taking the benzodiazepine, Valium, which can further increase the risk of adverse effects. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, or CURES monitoring. Therefore, the request for Oxycodone 15mg, #450 is not medically necessary.