

<b>Case Number:</b>	CM14-0180825		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	02/02/2005
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 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:

Injured workers a 36-year-old man date of injury at 2/28/05. He has been treated for chronic low back pain status post lumbar fusion surgery. His medication regimen includes lidocaine 5% patch and Norco. The examination was significant for decreased lumbar spine range of motion and paraspinal tenderness. Documentation indicates that pain level decreases to a 3/10 with pain medication. Also reported, is difficulty with sleep for which he takes Lunesta daily. Patient has not returned to work. He performs a home exercise program. Request of being made for continued lidocaine patch 5%, Lunesta 2 mg daily and Norco 10-325 4 times daily as needed for pain. Follow-up was recommended in 3 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 2 mg #30 with 1 refill:** 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), Pain chapter, Eszopicolone

**Decision rationale:** The injured worker presents with a history of chronic pain syndrome and low back pain without radiation. He is being prescribed Lunesta 2 mg every day in treatment of insomnia due to chronic pain. According to ODG guidelines, Lunesta is not recommended for long-term use in chronic pain (maximum of 3 weeks). Records indicate that the prescription for Lunesta has been provided to the patient for over 4 weeks. Request for Lunesta does not meet ODG guidelines and is therefore not medically necessary.

**Norco 10 mg - 325 mg 1 tablet every 6 hours by oral route as need for pain with 1 refill:**  
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 Opioids Ongoing management Page(s): 299;78-79.

**Decision rationale:** The injured worker presents with a history of chronic pain syndrome and low back pain without radiation. Records indicate that the patient is on a maintenance phase for taking the opioid Norco 10 mg every 6 hours for pain. Available documentation does not adequately address meeting guidelines for monitoring drug-related aberrant behaviors, such as frequent urine drug toxicology screening and single practitioner/pharmacy prescriptions as evidenced by the presence of oxycodone in urine drug screen which was not addressed in the plan for management of chronic pain. MTUS guidelines recommend that signs of opioid misuse should be addressed immediately with the patient. The injured worker was scheduled for a 3 month follow-up with the treating physician. Based on the available documentation, the request for Norco 10 mg does not meet MTUS guidelines and therefore is not medically necessary.

**Lidocaine 5 % (700 mg/Patch) #30, 30 day supply with 1 refill:** 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 Topical analgesics Page(s): 111-112.

**Decision rationale:** The injured worker presents with a history of chronic pain syndrome and low back pain without radiation. He is being prescribed Lidoderm for chronic back pain due to myalgias. Lidoderm is recommended for neuropathic pain after there has been evidence of a trial of first line therapy such as a tricyclic antidepressant. Documentation does not provide evidence of such a trial. Nor does documentation provide evidence of localized neuropathic pain. The request for Lidoderm is not consistent with MTUS guidelines and is therefore not medically necessary.