

<b>Case Number:</b>	CM13-0022439		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/21/1995
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 21, 1995. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; transfer of care to and from various providers in various specialties; earlier lumbar spine surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated August 23, 2013, the claims administrator failed to approve request for Duragesic and Lunesta while approving cyclobenzaprine and Hytrin. The applicant's attorney subsequently appealed. In a progress note dated August 28, 2013, the applicant reported 7/10 low back pain, reportedly heightened since the last visit. Somewhat incongruously then stated that the applicant's medications were working well. The attending provider stated that the applicant's flare in pain was a function of psychological stress. The applicant reported a poor energy level on review of systems. The applicant's medication list included Hytrin, Prilosec, Lunesta, Flexeril, Lyrica, Duragesic, Norco, Advair, Mevacor, Metformin, AndroGel, and Zestril, it was noted. The applicant was overweight, with BMI of 28. Multiple medications were refilled. Permanent work restrictions were renewed. It was stated that the applicant had failed spinal cord stimulator trial. The applicant was not working with permanent limitations in place, it was acknowledged. In a July 16, 2013 progress note, the applicant again presented to obtain various medication refills. The applicant was again described as having persistent pain complaints. The applicant's pain level and activity levels were described as highly variable. The applicant was using AndroGel, Metformin, Lovastatin, Advair, Norco, Duragesic, Lyrica, Flexeril, Lunesta, Omeprazole, Hytrin, and Zestril, it was acknowledged at this point in time. Multiple medications were refilled. The applicant was not working with permanent limitations in place, it was noted. On

July 18, 2013, the applicant was described as using a variety of medications, including Lunesta. The applicant was not working on this date, it was incidentally noted.

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

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

**Duragesic 25mcg/hr Patch #15:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant is off of work. The applicant is not working with permanent limitations in place. The applicant's pain complaints are consistently described as variable, fluctuating, labile, and, as a general rule, worsening and/or trending unfavorably from visit to visit, despite ongoing Duragesic usage. The attending provider has failed to outline any meaningful improvements in function achieved as a result of ongoing Duragesic usage. Therefore, the request was not medically necessary.

**Lunesta 3mg tablet #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 (ODG) Chapter: Pain, Insomnia Treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 7. Decision based on Non-MTUS Citation ODG Mental Illness and Stress Chapter, Eszopiclone topic.

**Decision rationale:** While the MTUS does not specifically address the topic of Lunesta usage, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that an attending provider incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant is consistently described as having ongoing issues with poor sleep, despite introduction, selection, and/or ongoing usage of Lunesta. ODG Mental Illness and Stress Chapter, Eszopiclone topic further notes that Lunesta is not recommended for long-term use purposes. The applicant was described as using Lunesta in office visits of June, July, and August 2013, referenced above. Ongoing usage of Lunesta is not thus, indicated here, given (a) the applicant's poor response to the same and (b) the unfavorable ODG position on long-term usage of Lunesta. Lunesta 3mg tablet #30 is not medically necessary and appropriate.