

<b>Case Number:</b>	CM14-0215674		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	05/22/2012
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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. 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, New York, Florida  
 Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 36-year-old male who reported an injury on 05/22/2012. The mechanism of injury was not provided. On 11/06/2014, the injured worker presented with complaints of chronic pain to the right elbow region extending up and down the right arm. Upon examination of the right elbow, there was positive tenderness over the lateral epicondyle with no specific soft tissue swelling or crepitus. There was no pain with resisted wrist dorsiflexion. Current medications included Naprosyn 550 mg, Protonix 20 mg, and Doral 15 mg. The diagnoses were lateral epicondylitis. Other therapy included release surgery after failing conservative management. The injured worker still continues to have severe pain with repetitive movement. The provider recommended Lunesta and a retrospective urine drug screen. There was no rationale provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Urine drug test (DOS: 12/4/14): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine DrugTest Page(s): 43.

**Decision rationale:** The request for Retrospective Urine drug test (DOS: 12/4/14) is not medically necessary. The California MTUS Guidelines recommend a urine drug test to assess for the use or presence of illegal drugs. They may be used in conjunction with a therapeutic trial of opioids for ongoing management and as a screening for risk of misuse and addiction. The documentation provided for review does not indicate the injured worker displayed any aberrant behaviors, drug seeking behaviors, or whether the injured worker was suspected of illegal drug use. It is unclear when the last urine drug screen was performed. There is also no evidence of an opioid use. As such, medical necessity has not been established.

**Lunesta:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines Eszopicolone (Lunesta), Insomnia treatment and Pain 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, Eszopicolone (Lunesta)

**Decision rationale:** The request for Lunesta is not medically necessary. The Official Disability Guidelines do not recommend Lunesta for long term use. Lunesta should be limited to 3 weeks maximum in the first 2 months of injury only and is discouraged during the chronic phase. It can be habit forming and may impair function and memory more than opioid pain relievers. There is also concern that may increase pain and depression over the long term. There is no information on treatment history and length of time the injured worker had been prescribed Lunesta. Additionally, the efficacy of the prior use of the medication was not provided. The guidelines recommend Lunesta within the first 2 months of injury, and the injured worker is well beyond the 2 month period to be within the guideline recommendation for medication use. The provided request does not indicate the dose, frequency, or quantity of the medication in the request as submitted. As such, medical necessity has not been established.