

<b>Case Number:</b>	CM14-0218990		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	10/26/1999
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 53 year male suffered an industrial injury on 10/26/99, with subsequent ongoing cervical and low back pain. Magnetic resonance imaging of the lumbar spine (3/20/14) showed disc bulge at L1-L2 and L2-L3, disc protrusion at L3-L4 and L5-S1 and a small neural canal at L4-L5. Magnetic resonance imaging of the cervical spine (4/24/14) showed a right paracentral disc osteophyte complex at C3-4 with right neural foraminal narrowing and canal stenosis, facet arthrosis at C4-5 and status post C5-6 cervical fusion without evidence of complication. Treatment included medications. No further treatments were disclosed within the documentation submitted for review. In a PR-2 dated 12/16/14, the injured worker complained of ongoing cervical and lumbar pain, gastrointestinal upset, constipation, nausea and vomiting that the injured worker attributed to having to buy generic Norco. Physical exam was remarkable for minimal lumbar and cervical range of motion. The physician noted that the injured worker held his neck and paced throughout the exam. The treatment plan included Norco 10/325 #60, MS Contin 30 mg #90, Xanax 0.25 mg twice a day # 60, Diazepam 5mg 1-2 three times a day #180, Lunesta 3 mg #30. In a PR-2 dated 12/9/14, the physician noted that the injured worker had not obtained a neurosurgeon or pain management consultation as of yet. On December 11, 2014, Utilization Review noncertified a request for Eszopiclone 3mg #30 and issued a modified certification of Norco 10-325mg #40 to Norco 10-325 # 20 citing CA MTUS 2009 Chronic Pain Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg, sixty count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with pain in his neck and lower back. The request is for NORCO 10/325mg #60. The patient has been utilizing Norco since 06/19/14. The patient remains off work until 12/31/15. Regarding chronic opiate use, MTUS guidelines page 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 4A's -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. MTUS guidelines page 90 states that "Hydrocodone has a recommended maximum dose of 60mg/24 hours." The review of the reports does not show any discussion specific to this medication other than "the patient uses Norco and vomits daily." The four A's including analgesia, ADL's, side effects, and aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement; no urine toxicology, CURES reports showing opiate monitoring. Furthermore, the utilization review letter on 12/11/14 modified the request of Norco #60 to #20, stating "to either initiate a weaning process or to allow the provider time to document objective evidence of derived functional benefit." Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request for Norco #60 at this time IS NOT medically necessary.

**Eszopiclone 3 mg, thirty count:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental & Stress Chapter, Eszopiclone Lunesta see Insomnia treatment

**Decision rationale:** The patient presents with pain in his neck and lower back. The request is for ESZOPICOLONE 3MG #30. ODG-TWC, Mental & Stress Chapter states: "Eszopiclone Lunesta: Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. The FDA has lowered the recommended starting dose of eszopiclone Lunesta from 2 mg to 1 mg

for both men and women."In this case, there is documentation regarding his sleep problem, but according to ODG, the recommended starting dose is 1-2mg. The request is for 3 mg. In addition, the ODG guidelines do not recommend long-term use of this medication. The treater does not indicate that this medication is to be used for short-term. The request IS NOT medically necessary.