

<b>Case Number:</b>	CM14-0091741		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	11/14/2000
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 53-year-old who has filed a claim for chronic low back and wrist pain reportedly associated with an industrial injury of November 14, 2000. In a Utilization Review report dated June 4, 2014, the claims administrator partially approved a request for Norco and denied a request for Lunesta. The claims administrator referenced a May 30, 2014 RFA form and associated progress note of May 27, 2014 in its determination. The applicant's attorney subsequently appealed. On March 6, 2013, the applicant reported constant, severe low back pain, 9/10. The applicant was asked to continue Vicodin, Lunesta, and topical Terocin cream. The applicant's work status was not clearly stated. The attending provider stated that the applicant's medications were beneficial but did not elaborate further. In a June 12, 2013 progress note, the applicant again reported severe, 9/10 low back pain. On October 22, 2013, the attending provider again noted that the applicant had severe, 9/10 low back pain radiating to the bilateral lower extremities. The attending provider suggested the applicant try and wean off of Norco. On May 27, 2014, the applicant reported severe, constant 10/10 low back pain. The applicant reported issues with sleep disturbance. The applicant was unemployed, it was acknowledged. Norco and Lunesta were renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325mg, qty 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7. When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. 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 was off of work, it was acknowledged on a May 27, 2014 progress note. The applicant continued to report pain complaints as high as 10/10 on that date. Multiple other office visits, referenced above, were also notable for commentary to the effect that the applicant continued to exhibit severe low back pain in the 9- to 10/10 range. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.

**Lunesta 2mg, qty 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 - Treatment in Workers Compensation, Pain (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Pain (Chronic), Eszopicolone (Lunesta).

**Decision rationale:** Similarly, the request for Lunesta was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, ODG's Low Back Chapter Eszopicolone topic notes that Lunesta is not recommended for long-term use purposes but, rather should be reserved for short-term usage. Here, however, the applicant was apparently using Lunesta as early as March 6, 2013, it was reported above. Continued usage of the same, thus, represented chronic, long-term, and/or scheduled usage of the same. Such usage, however, was incompatible with the ODG position on the same. Therefore, the request was not medically necessary.