

<b>Case Number:</b>	CM15-0002539		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	02/23/2012
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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:

The injured worker is a 36 year old female who sustained an industrial injury on 2/23/12. The injured worker reported symptoms in the neck. The diagnoses included other tenosynovitis of hand and wrist, cervicalgia, reflex sympathetic dystrophy of the upper limb, unspecified disorder of synovium tendon and bursa, unspecified myalgia and myositis, contusion multiple sites, shoulder and upper arm. Treatments to date have included oral medications and right stellate ganglion block with a noted "60% improvement in inflammation and increased to hand movement since the injection for about 3 weeks". PR2 dated 12/10/14 noted the injured worker presents with "decreased range of motion of the right shoulder" as well as "significant amount of tenderness to palpation of sever muscles in the paracervical region right greater than left" also noting " the injured worker is "sleeping during the whole day and this interferes with her activities of daily living". The treating physician is requesting Nucynta 50mg #90 and Lunesta 2mg #30. On 12/15/14, Utilization Review non-certified a request for Nucynta 50mg #90 and Lunesta 2mg #30. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription for Nucynta 50mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Tapentadol (Nucynta)

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

**Decision rationale:** This patient presents with right upper extremity pain. The current request is for 1 PRESCRIPTION FOR NUCYNTA 50MG #90. For chronic opioids, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and function should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's including 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. The medication Nucynta was initiated on 10/8/14, as other opioids were not effective. The progress reports provide outcome measures with a pain scale but there is no discussion regarding functional improvement, changes in ADL, or change in work status to document significant functional improvement. Urine drugs screens have been provided; however, there are no discussions regarding possible aberrant behaviors or adverse side effects with medication. The treating physician has failed to document the minimal requirements of documentation that are outlined in MTUS for continued opiate use. The requested Nucynta IS NOT medically necessary and recommendation is for slow weaning per MTUS.

**1 prescription of Lunesta 2mg #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), Eszopicolone (Lunesta)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Mental & Stress Chapter states: "Eszopicolone (Lunesta)

**Decision rationale:** This patient presents with right upper extremity pain. The current request is for 1 PRESCRIPTION OF LUNESTA 2MG #30. The Utilization review denied the request stating that there is "no mention of the patient suffering from insomnia." ODG-TWC, Mental & Stress Chapter states: "Eszopicolone (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 Eszopicolone (Lunesta) from 2 mg to 1 mg for both men and women." On 10/8/14, the patient reported "very much difficult time sleeping at night." The treating physician stated that due to lack of sleep the patient is sleepy during the day which interferes with her activities of daily living. The patient has tried Ambien without help and recommendation was made for Lunesta. Progress report dated 11/10/14 states "Lunesta does help significantly with her sleep pattern." Although the patient reports sleep disturbances that are managed with the use of

Lunesta, recommendation for further use cannot be made as ODG recommends short-term use of up to 3 weeks. The requested Lunesta IS NOT medically necessary.