

<b>Case Number:</b>	CM15-0016047		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	08/28/1994
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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 68-year-old female who sustained an industrial related injury on 8/28/94. The injured worker had complaints of back pain. Diagnoses included chronic lower back pain, lumbosacral sprain/strain, industrial aggravation of multilevel lumbar degenerative disc disease, status post lumbar L4 /L5 laminectomy in April 1994, status post spinal cord stimulator trial, and stroke with left hemiplegia- non-industrial. Medication included OxyContin, Soma, Cymbalta, Quazepam, Ativan, and Lunesta. A physician noted an intrathecal pain pump was indicated due to the injured worker's memory impairment and high dose of pain medications. The treating physician requested authorization for a pain pump trial and Lunesta 3mg #30. On 1/9/15, the requests were non-certified. Regarding a pain pump trial, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and noted the medical records do not contain a psychological evaluation providing clearance to undergo the procedure as required by guidelines. Therefore, the request was non-certified. Regarding Lunesta, the UR physician cited the MTUS guidelines and noted the medical records do not describe failure of behavioral interventions including following sleep hygiene techniques. Therefore, the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Pump Trial: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines low back chapter: Implantable drug-delivery systems (IDDSs)

**Decision rationale:** According to the 12/19/2014 report, this patient presents with no change in the low back pain that is an 8/10. The current request is for pain pump trial due to her memory impairment and high dose of pain medication. The patient's work status was not mentioned in this report. MTUS and ACOEM Guidelines do not discuss intrathecal drug delivery systems. However, ODG Guidelines has the following in the pain section, which states, Recommended only as an end-stage treatment alternative for selected patients for specific conditions after failure of at least 6 months of less invasive methods and following a successful temporary trial. Indications for implantable drug delivery system when it is used for the treatment of non-malignant pain with a duration of greater than six months and all of the following criteria are met: 1) Documentation in the medical records of failure of 6 months of other conservative treatment modalities, 2) Intractable pain secondary to a disease state with objective documentation of pathology, 3) Further surgical intervention or other treatment is not indicated, 4) Psychological lab evaluation had been obtained, 5) No contraindications to implantation, and 6) A temporary trial of spinal epidural or intrathecal opiates have been successful prior to permanent implantation with at least 50% to 70% reduction in pain. In this case, the treating physician provides no indication of the efficacy or lack of efficacy of the pain medication. In addition, there is no psychological evaluation and no objective documentation of a disease state with objective documentation of pathology. The treating physician has failed to clearly document all the criteria as required by ODG. Therefore, the request IS NOT medically necessary.

**Lunesta 3mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Insomnia Treatment

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Insomnia

**Decision rationale:** According to the 12/19/2014 report, this patient presents with no change in the low back pain that is an 8/10. The current request is for Lunesta 3mg #30. Regarding Lunesta, the MTUS and ACOEM Guidelines do not discuss, but ODG Guidelines discuss Lunesta under insomnia and state "Lunesta has demonstrated reduced sleep latency and sleep maintenance. The only benzodiazepine receptor agonist FDA approved for use longer than 35 days." Under Stress chapter, it states, "Not recommended for long-term use, but recommended for short-term use." Review of the provided records does not mention the patient has sleeping issue. The treating physician does not mention what Lunesta is doing for this patient. MTUS page 60

require that medication efficacy in terms of pain reduction and functional gains must be discussed when used for chronic pain. Therefore, the request IS NOT medically necessary.