

<b>Case Number:</b>	CM15-0113620		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	04/04/2006
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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, Hawaii  
 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 56 year old female who reported an industrial injury on 4/4/2006. Her diagnoses, and/or impressions, are noted to include: failed lumbar back surgery syndrome; lumbar radiculopathy, status-post lumbar fusion; cervical stenosis, spondylosis and radiculitis, status-post cervical fusion; bilateral shoulder pain; chronic pain and depression with anxiety. No current electrodiagnostic or imaging studies are noted. Her treatments have included an orthopedic qualified medical re-evaluation on 6/18/2014; lumbosacral transforaminal epidural steroid injections (3/31/15); daily use of her trans-cutaneous electrical nerve stimulation unit which provided good relief but was malfunctioning; medication management; and rest from work. The progress notes of 4/29/2015 reported a pain medicine follow-up and re-examination with complaints of severe neck pain that radiated down the bilateral upper extremities, right > left, to the right shoulder with frequent muscle weakness; frequent and severe muscle spasms in the neck; radiating low back pain, with spasms, into the bilateral lower extremities; and bilateral upper extremity and shoulder pain, all of which are aggravated by activity and severe without medications. She reported her current medications were helpful, providing her a 60% improvement in pain and function, and that she wished to continue them. Objective findings were noted to include a 50 - 80% overall improvement in pain and functionality, x 1 month, post the lumbosacral transforaminal epidural steroid injections on 3/31/2015. The physician's requests for treatments were noted to include the replacement of her malfunctioning trans-cutaneous electrical nerve stimulation unit, and the continuation of Percocet as it is beneficial with intended effect at the prescribed dose.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Percocet 10/325mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids, When to Continue Opioids, Oxycodone/acetaminophen (Percocet), Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The patient presents with pain affecting the neck with radiation to the bilateral upper extremities, and low back with radiation to the bilateral lower extremities. The current request is for Percocet 10/325mg #120. The treating physician report dated 4/29/15 (84B) states, "Percocet: renew as previously prescribed. Beneficial with intended effect at prescribed dose." The report goes on to state, "Patient continues to report good benefit from her pain medication with no significant adverse effects. She believes she is able to function better." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided, show the patient has been taking Percocet since at least 12/10/14 (15B). The report dated 4/29/15 notes that the patient's pain level is an 8-9/10 without current medication. The patient experiences a 60% improvement in pain with current medication. No adverse effects or adverse behavior were noted by patient except for abdominal gas and bloating. The patient's ADL's have improved such as the ability to bathe, brush teeth, care for pet, dress, shop, sit and stand. The patient's last urine drug screen was consistent and the physician has a signed pain agreement on file as well. The continued use of Percocet has improved the patient's symptoms and have allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patient's pain level has been monitored upon each visit and functional improvement has been documented. The current request is medically necessary.

### **TENS unit:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation), Criteria for use of TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

**Decision rationale:** The patient presents with pain affecting the neck with radiation to the bilateral upper extremities, and low back with radiation to the bilateral lower extremities. The current request is for TENS unit. The treating physician report dated 4/29/15 (84B) states, "Replacement of malfunctioned TENS unit." The report goes on to state, "The patient reports as helpful the use of a TENS unit. The unit has been used for 5 years. It is used daily, Tens unit malfunction recently twice daily." Per MTUS guidelines, TENS units have no proven efficacy in treating chronic pain and are not recommend as a primary treatment modality, but a one month home based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, or Multiple Sclerosis. MTUS also quotes a recent meta-analysis of electrical nerve stimulation for chronic musculoskeletal pain, but concludes that the design of the study had questionable methodology and the results require further evaluation before application to specific clinical practice. The medical reports provided, show the patient has been using an in-home TENS unit for at least 5 years. In this case, there is documentation of functional improvement from the use of a TENS unit. Furthermore, the physician is requesting a new TENS unit because the patient's current TENS unit is not working properly and malfunctions multiple times a day. The current request does satisfy the MTUS guidelines as outlined on page 114. The current request is medically necessary.

**Lunesta 3mg #30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress, Lunesta.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Mental, Insomnia.

**Decision rationale:** The patient presents with pain affecting the neck with radiation to the bilateral upper extremities, and low back with radiation to the bilateral lower extremities. The current request is for Lunesta 3mg #30. The treating physician report dated 4/29/15 (84B) states, "Lunesta: renew as previously prescribed. Beneficial with intended effect at prescribed dose." The report goes on to state, "Patient continues to report good benefit from her pain medication with no significant adverse effects. She believes she is able to function better." Additionally, the report states, "The Insomnia Severity Index was administered Mar 4, 4015 as a screening tool to quantify insomnia severity." The patient had a total score of 12. Based on this score it was determined that the patient has (8-14) sub-threshold insomnia. The ODG guidelines state "Eszopicolone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. (Morin, 2007) The only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. A randomized, double blind, controlled clinical trial with 830 primary insomnia patients reported significant improvement in the treatment group when compared to the control group for sleep latency, wake after sleep onset, and total sleep time over a 6-month period." The medical reports provided, show that the patient has previously been prescribed Lunesta and experiences relief of her symptoms while taking this medication. In this case, the current request satisfies the ODG guidelines as Lunesta is FDA approved for long term use for the treatment of Insomnia. The current request is medically necessary.