

<b>Case Number:</b>	CM15-0114042		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	09/03/2010
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/13/2015
<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: Arizona, Texas  
 Certification(s)/Specialty: Internal 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 injured worker is a 58 year old female, who sustained an industrial injury on 9/3/10. The injured worker was diagnosed as having discogenic lumbar condition with facet inflammation, protrusion of the disc at L4-5, L5 radiculopathy on the left, discogenic neck condition with facet inflammation, headaches, radiculitis with an element of grip loss, and chronic pain. Treatment to date has included the use of a back brace, hot/cold application, TENS, and medication. The injured worker had been taking Norco since at least 5/2/14. The injured worker had been taking Lunesta since at least 4/27/15. Currently, the injured worker complains of lumbar spine pain. The treating physician requested authorization for Lunesta 2mg #30 and Norco #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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), Pain Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate.com. approach to the adult with insomnia.

**Decision rationale:** The MTUS is silent regarding the use of Lunesta for chronic insomnia. The FDA has approved the use of Lunesta for short-term treatment of insomnia (with difficulty of sleep onset). Lunesta is not approved for the long-term treatment of insomnia. When treating insomnia all patients should receive therapy for any medical condition, psychiatric illness, substance abuse or sleep disorder that may be precipitating or exacerbating the insomnia. For patients who continue to have insomnia that is severe enough to require intervention cognitive behavioral therapy (CBT) is the initial therapy that is recommended. If a patient requires a combination of behavioral therapy and medication a short acting medication is recommended for 6-8 weeks and then tapered. If the patient is still having symptoms, they may require evaluation in a sleep disorder center prior to the institution of long-term medications. In this case, the documentation doesn't support that the patient has been evaluated for secondary causes of insomnia and referred to a sleep disorder center. The continued use of Lunesta is not medically necessary.

**Norco #60:** Upheld

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

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

**Decision rationale:** Norco 10/325mg is a combination medication including hydrocodone and acetaminophen. It is a short-acting, pure opioid agonist used for intermittent or breakthrough pain. According to the MTUS section of chronic pain regarding short-acting opioids, they should be used to improve pain and functioning. There are no trials of long-term use in patients with neuropathic pain and the long term efficacy when used for chronic back pain is unclear. Adverse effects of opioids include drug dependence. Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. In this case, the documentation doesn't support that the patient has had meaningful improvement in functional status while taking this medication. Therefore, this request is not medically necessary.