

<b>Case Number:</b>	CM15-0122126		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	05/24/2002
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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: New York

Certification(s)/Specialty: Pediatrics, 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 51 year old male injured worker suffered an industrial injury on 05/24/2002. The diagnoses included lumbar radiculopathy, lumbar laminectomy syndrome and lumbar spine degenerative disc disease. The injured worker had been treated with medications and spinal surgery. On 1/29/2015 the provider indicated the sleep quality was good. On 3/26/2015 the treating provider reported lower back pain. He reported his sleep is fair. The activity level and pain level were unchanged. There were no side effects noted. On exam the lumbar spine had reduce range of motion, tenderness to the spinal muscles and positive straight leg raise. He reported functional benefit with medications as he is independent in activities of daily living and simple house chores. His sitting tolerance had improved 60 minutes and is unable to sit longer than 30 minutes off medications. His standing tolerance improved from 5 minutes to 30 minutes and his walking tolerance improved from 10 minutes to 30 minutes while on medications. He reported the pain without medication was rated 7/10 and with medications was 3/10. He reported without medications he would be bedridden. On 5/21/2015 the treating provider reported the pain level had increased rated 4/10 with medications and 9/10 without medications. He reported the activity level had decreased and sleep quality was poor. The provider noted he was back to schedule transforaminal epidural steroid injection as he was having more radicular pain in the left lower extremity. It was not clear if the injured worker had returned to work. The provider indicated the results for urine drug screen in the office were reviewed and revealed an overall low risk rating. The treatment plan included Norco and Lunesta.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Unknown prescription for Norco: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids, hyperalgesia Page(s): 95.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines for Opioids and hyperalgesia noted Patients who receive opiate therapy sometimes develop unexpected changes in their response to opioids. This may include the development of abnormal pain (hyperalgesia), a change in the pain pattern or persistence in pain at higher levels than expected. These types of changes occur in spite of continued incremental dose increases of medications. Opioids in this case actually increase rather than decrease sensitivity to noxious stimuli. It is important to note that a decrease in opioid efficacy should always be treated by increasing dose, but may actually require weaning. To diagnose there needs to be (1) an attempt to determine if pain had increased over that which was pre-existing (in the absence of apparent disease progression) (2) attempt to determine if the patient had previously responded to opioids but now has worsening pain (3) attempt to determine if the patient has never had improved pain with opioids (4) if disease progression is ruled out, is there evidence of possible opioid tolerance or is this opioid hyperalgesia (5) evaluated pain: In cases of opioid hyperalgesia pain may spread and become more diffuse and less defined what would be expected from the pre-existing pain state (6) psychological issues such as secondary gain, exacerbation of underlying depression or anxiety and the development of addictive disease should also be ruled out. The documentation provided did indicate an increase in pain and decrease in activity due to increase in radicular pain to the left lower extremity since prior visit. The provider did not increase the dose of Norco but felt an epidural steroid injection was the appropriate treatment for the increase in pain. The prior visit notes indicated the injured worker had relief and detailed functional improvement with the current Norco treatment with no evidence of opioid tolerance. The medical record evidence did not indicate the presence of hyperalgesia as there was only 1 visit where there was an increase in pain and the response was not to increase dosages of medications. The criteria for hyperalgesia were not met. Therefore, Norco is not medically necessary.

### **Unknown prescription for Lunesta: Overturned**

**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 (ODG) Mental illness/Stress, Insomnia, Lunesta.

**Decision rationale:** MTUS/ACOEM was silent in regards to this medication. ODG, Mental Illness/Stress, Insomnia recommended sleep medications were for short term use, not long term use usually 2 to 6 weeks for the treatment of insomnia. There is a risk of tolerance, dependence and adverse events. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. The treatment of insomnia should be based on the etiology, and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Lunesta is the only FDA approved medication in its class to be approved for use beyond 35 days. The injured worker had been using Lunesta for over 1 year with good response. The visits on 1/29/2015 and 3/26/2015 the provider indicated that the sleep quality was good to fair. This visit on 5/21/2015 the provider indicated the sleep quality was poor but at the same time the pain had increased. There was no evidence that the decrease in sleep quality was due to the ineffectiveness of the sleep medication. Therefore, Lunesta is medically necessary.