

<b>Case Number:</b>	CM15-0125814		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	04/21/2009
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 46 year old female who sustained an industrial injury on 04/21/2009 resulting in pain to the left elbow after being bitten by a dog. Treatment provided to date has included: left elbow nerve transplantaion (2009); physical therapy (24); 3 stellate ganglion blocks with no relief; medications (Vicodin, aspirin, Motion, Naprosyn, Lodine, Relafen, Celebrex, Toradol, valium, Flexeril, Neurontin, Klonopin, Imitrex and Lyrica); and conservative therapies/care. Diagnostic testing was not available for review and results were not discussed. Other noted dates of injury documented in the medical record include: Co-morbidities included skin cancer. There were no other dates of injury noted. On 05/18/2015, physician progress report noted complaints of increased left upper extremity and left elbow pain. The pain was rated 5/10 in severity, and was described as severe and burning with radiation to the neck, left shoulder, right shoulder, left arm, left forearm, and left hand. Current medications include Norco 10-325mg 1-2 every 4-6 hours as needed for pain; Lunesta 1mg take one at bedtime; diclofenac sodium ER 100mg one twice daily; and Lidopro 4% ointment. The physical exam of the left upper extremity revealed abnormal skin color and temperature, swelling, sweating, limited range of motion, motor neglect, pain with light touch or rubbing, and hyperalgesia to pin prick. The provider noted diagnoses of pain in joint of upper arm, reflex sympathetic dystrophy of the upper extremity, post-traumatic stress disorder, depressive disorder (not elsewhere classified), and anxiety (no otherwise specified). Plan of care includes refills of current medications and follow- up in 4 weeks. The injured worker's work status remained temporarily partially disabled. The request for authorization and IMR (independent medical review) includes: diclofenac

sodium ER 100mg #60, Lunesta 1mg #30, and Norco 10-325mg #240.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Diclofenac Sodium ER 100mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 66-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), Diclofenac.

**Decision rationale:** MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The MTUS recommends NSAIDs as the first line of treatment to reduce pain so the activity and functional restoration can resume or improve, but is not recommended as a long-term treatment option. According to the ODG, diclofenac is not recommended as a first-line NSAID treatment due to the increased risk of cardiovascular events, but may be an option for patients with no cardiovascular risk. Diclofenac should only be used for the shortest duration with the lowest effective dose. Physicians should measure transaminases periodically in patients receiving long-term therapy with diclofenac. Due to the absence of data showing superiority of diclofenac over other NSAIDs and the possible increased hepatic and cardiovascular risk associated with its use, other analgesics and/or non-pharmacological therapy should be considered. In this case, there was no evidence of reduction in pain or improvement in function with this medication. Additionally, there was no documented evidence of hepatic or cardiovascular risk. Based on the currently available information, the medical necessity for this medication has not been established. Therefore diclofenac sodium is not medically necessary.

#### **Lunesta 1mg #30: Upheld**

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

**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, Eszopiclone (Lunesta).

**Decision rationale:** Eszopiclone is classified as a central nervous system (CNS) depressant. This medication slows down the nervous system resulting in improved sleep initiation and sleep maintenance. The MTUS (Medical Treatment Utilization Schedule) is silent in regards to the use of eszopiclone (Lunesta); therefore, alternative guidelines were consulted in the review and

decision of this medication. The ODG states that eszopiclone is not recommended for long-term use, but is recommended for short-term use. The ODG recommends limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourages its use in the chronic phase as they can be habit-forming, impair function and memory (more than opioid pain relievers), may increase pain and depression over the long term, and have more than three times greater risk of death, even when prescribed less than 18 pills per year. In addition, the ODG recommends that medications should only be used after careful evaluation of potential causes of sleep disturbance. The specific components of insomnia that should be addressed include: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. Furthermore, failure of sleep disturbance to resolve in a 7 to 10 day period may point to a psychiatric and/or medical illness. After reviewing the medical documentation submitted, it was determined that the injured worker has been prescribed eszopiclone (Lunesta) consistently for several months with improved sleep; however, this medication is not recommended for long-term use. Furthermore, there is no documented evidence of following sleep hygiene methods, and no other treatments have been attempted. As such, eszopiclone (Lunesta) 1mg #30 is not medically necessary.

**Norco 10-325mg #240:** Upheld

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

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

**Decision rationale:** MTUS discourages long-term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The MTUS also recommends the discontinuation of Norco (an opioid) when there is no overall improvement in function, unless there are extenuating circumstances. Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. Although the progress reports state that the injured worker's pain is controlled with opioid medication (Norco in this case), the cumulative findings within the progress reports indicate consistent pain levels (with the use of Norco) without continued reduction in pain. Additionally, the treating physician does not document: 1) the least reported pain over the period since last assessment; 2) how long it takes for pain relief; 3) how long pain relief lasts; 4) improvement in pain; or 5) improvement in function. Moreover, there has been no overall measurable improvement in function or decrease in pain while taking this medication over the last 6 months or more. As such, Norco 10-325mg #240 is not medically necessary.