

Case Number:	CM15-0175955		
Date Assigned:	10/09/2015	Date of Injury:	04/12/1999
Decision Date:	11/19/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/08/2015

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: Anesthesiology

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 52 year old male, who sustained an industrial injury on 4-12-1999. The injured worker is undergoing treatment for: lumbosacral neuritis, lumbar radicular pain, cervical spine pain. On 6-24-15, he is reported as not receiving Fioricet, and is taking Norco and Lunesta. An Epworth sleeping scale score of 6 is given. He reported having periodic heartburn. On 7-15-15, he reported increased back pain and bilateral leg pain with associated numbness and tingling. He indicated he attained 50 per pain relief with his current medications which allow him to perform his activities of daily living. He denied side effects and is noted to be in compliance. His pain level is not rated. Objective finding revealed tenderness in the low back and thoracic spine region, positive straight leg raise testing bilaterally, weakness and decreased sensation in the L4-L5 distribution. His neck is noted to have decreased sensation; spasm, tenderness and a weakened right hand grip are noted. On 7-21-15 and 8-25-15, he reported having to delay psychotherapy due to the death of his father. He indicated he continued to experience pain and his sleep remained poor. He also indicated having irritability and social isolation. Objective findings are noted as mood remains depressed. There is no current assessment of the gastrointestinal system. There is no discussion of his current sleep hygiene. There is no discussion of 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. The treatment and diagnostic testing to date has included: medications, psychotherapy, AME. Medications have included: Lunesta, Norco, Nexium, Viagra, Atenolol, HCTZ, Pristiq and Ibuprofen. The records indicate he has been utilizing Norco, Lunesta and

Nexium since at least December 2014, possibly longer. Current work status: reported as per AME. The request for authorization is for: Norco 10-325mg; Lunesta 3mg; Nexium 40mg; Fioricet 50-300-40mg; one lumbar epidural steroid injection. The UR dated 8-12-15: non-certified Lunesta 3mg, Nexium 40mg, Fioricet 50-300-40mg; modified Norco 10-325mg quantity 42; and conditionally non-certified one lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg: Upheld

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia.

Decision rationale: Eszopicolone (Lunesta) is a prescription short-acting non-benzodiazepine sedative-hypnotic, which is recommended for short-term treatment of insomnia (two to six weeks). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. According to the ODG guidelines, non-Benzodiazepine sedative-hypnotics are considered first-line medications for insomnia. 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 indicated for the treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which have potential for abuse and dependency. In this case, the medication has been prescribed since at least 2014. There is no discussion of the patient's current sleep hygiene. According to the guidelines, medical necessity for the Lunesta has not been established. The requested medication is not medically necessary.

Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient

evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no documentation of significant pain relief or increased function from the opioids used to date. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Nexium 40mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs.

Decision rationale: According to CA MTUS (2009), proton pump inhibitors, such as Nexium, are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. In this case, Ibuprofen was discontinued on 03/02/2015, and this patient is not currently taking an NSAID. Based on the available information provided for review, the medical necessity for Nexium has not been established. The requested medication is not medically necessary.

Fioricet 50/300/40mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Barbiturate-containing analgesic agents.

Decision rationale: Barbiturate-containing analgesic agents (BCAs) are not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. Fioricet contains butalbital, tylenol, and caffeine. The literature reported that butalbital containing combination analgesics should be avoided in migraine headache management. When used, it should be closely monitored to avoid overuse and dependence. It is recommended to be used less than 10 days/month. According to the CA MTUS, all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Guidelines state that only one medication should be given at a time. In this case, there is a lack

of objective functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care with use of Fioricet. Guidelines do not recommend BCAs for chronic pain. Medical necessity for the requested treatment has not been established. The requested medication is not medically necessary.