

<b>Case Number:</b>	CM15-0075275		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	06/05/2003
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: Texas, Illinois

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 53 year old male who sustained an industrial injury on 6/5/2003. His diagnoses, and/or impressions, included: status-post electrical shock; history of heart palpitations; cervical sprain/strain, superimposed upon cervical disc disease; status-post left shoulder decompression surgery; headaches; status-post right carpal tunnel release; burns to the right hand; status-post right ulnar nerve release; status-post excision hematoma - right arm; subluxating left ulnar nerve; status-post incision and drainage of post-operative left elbow infection; status-post "ACDF"; lumbar disc degeneration, lumbosacral stenosis and facet arthropathy with severe disc collapse and chronic low back pain, status-post lumbar discectomy and fusion with instrumentation; status-post lumbar burst fracture surgery; status-post lumbar revision and removal of hardware; lumbar corpectomy, annular tear and severe lumbar concordant pain; and right knee medial meniscal tear. No current magnetic resonance imaging studies are noted. His treatments have included multiple surgeries and medication management. Progress notes of 3/10/2015 reported complaints ongoing intense and severe low back pain, near the previous surgery, with numbness/tingling in the lower extremities, improved with medications. Also reported was a self-weaning down of Percocet but that an additional prescription had been given by a different doctor; that Gabapentin was not as effective as Lyrica; and that he needs another prescription for Lunesta as he cannot get comfortable, or sleep, without it. The physician's requests for treatments were noted to include Lyrica and Percocet for pain, and Lunesta as an adjunctive agent to help him while he is tapered down on his narcotic pain medications, which were currently at their lowest dose.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 100mg #90 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16.

**Decision rationale:** The injured worker sustained a work related injury on 6/5/2003. The medical records provided indicate the diagnosis of status-post electrical shock; history of heart palpitations; cervical sprain/strain, superimposed upon cervical disc disease; status-post left shoulder decompression surgery; headaches; status-post right carpal tunnel release; burns to the right hand; status-post right ulnar nerve release; status-post excision hematoma - right arm; subluxating left ulnar nerve; status-post incision and drainage of post-operative left elbow infection; status-post "ACDF"; lumbar disc degeneration, lumbosacral stenosis and facet arthropathy with severe disc collapse and chronic low back pain, status-post lumbar discectomy and fusion with instrumentation; status-post lumbar burst fracture surgery; status-post lumbar revision and removal of hardware; lumbar corpectomy, annular tear and severe lumbar concordant pain; and right knee medial meniscal tear. His treatments have included multiple surgeries and medication management. The medical records provided for review do not indicate a medical necessity for Lyrica 100mg #90 with 2 refills: Lyrica is an antiepileptic drug. The MTUS recommends the use of the antiepileptic drugs for the treatment of neuropathic pain. The guidelines recommends that continued use be based on evidence of 30 % reduction in pain, otherwise switch to a different first line agent, or combine with another first line agent. The disease conditions where the antiepileptic drugs have been found useful include: Spinal cord injury Complex Regional Pain Syndrome, Fibromyalgia, Lumbar spinal stenosis, Post Op pain. Painful polyneuropathy: Post herpetic neuralgia. The medical records reviewed indicate the use of this medication predates 12/2014, but there is no evidence indication this medication provides 30% or more in pain relief. This request is not medically necessary.

**Lunesta 3mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Eszopicolone (Lunesta).

**Decision rationale:** The injured worker sustained a work related injury on 6/5/2003. The medical records provided indicate the diagnosis of status-post electrical shock; history of heart palpitations; cervical sprain/strain, superimposed upon cervical disc disease; status-post left

shoulder decompression surgery; headaches; status-post right carpal tunnel release; burns to the right hand; status-post right ulnar nerve release; status-post excision hematoma - right arm; subluxating left ulnar nerve; status-post incision and drainage of post-operative left elbow infection; status-post "ACDF"; lumbar disc degeneration, lumbosacral stenosis and facet arthropathy with severe disc collapse and chronic low back pain, status-post lumbar discectomy and fusion with instrumentation; status-post lumbar burst fracture surgery; status-post lumbar revision and removal of hardware; lumbar corpectomy, annular tear and severe lumbar concordant pain; and right knee medial meniscal tear. His treatments have included multiple surgeries and medication management. The medical records provided for review do not indicate a medical necessity for Lunesta 3mg #30 with 2 refills. Eszopicolone (Lunesta) is a benzodiazepine sedative hypnotic. The medical records indicate the injured worker has been using it intermittently since. Both the MTUS and the Official Disability Guidelines recommends against using it for more than 3-4weeks. This request is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-88.

**Decision rationale:** The injured worker sustained a work related injury on 6/5/2003. The medical records provided indicate the diagnosis of status-post electrical shock; history of heart palpitations; cervical sprain/strain, superimposed upon cervical disc disease; status-post left shoulder decompression surgery; headaches; status-post right carpal tunnel release; burns to the right hand; status-post right ulnar nerve release; status-post excision hematoma - right arm; subluxating left ulnar nerve; status-post incision and drainage of post-operative left elbow infection; status-post "ACDF"; lumbar disc degeneration, lumbosacral stenosis and facet arthropathy with severe disc collapse and chronic low back pain, status-post lumbar discectomy and fusion with instrumentation; status-post lumbar burst fracture surgery; status-post lumbar revision and removal of hardware; lumbar corpectomy, annular tear and severe lumbar concordant pain; and right knee medial meniscal tear. His treatments have included multiple surgeries and medication management. The medical records provided for review do not indicate a medical necessity for Percocet 10/325mg #120. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The records reviewed indicate the injured worker's use of this medication predates 12/2004; the injured worker is not properly monitored for pain control, activities of daily living and aberrant behavior based on the guidelines recommendations. There is no information available comparing baseline pain level to current level. This request is not medically necessary.