

<b>Case Number:</b>	CM15-0094096		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	07/14/2011
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 male, who sustained an industrial injury on 7/14/2011. He reported getting up, from being on his knees cleaning tile, and his back cracked, resulting in immediate pain. The injured worker was diagnosed as having sacroiliac joint pain, status post bilateral sacroiliac joint injections, bilateral sacroiliitis, status post bilateral L4-5 and L5-S1 radiofrequency nerve ablation, positive diagnostic bilateral L4-5 and L5-S1 facet joint medial branch block, bilateral facet joint pain at L4-5 and L5-S1, lumbar facet joint arthropathy, lumbar degenerative disc disease, central disc protrusion at L3-4, L4-5, and L5-S1, and chronic low back pain. Treatment to date has included diagnostics, chiropractic, epidural steroid injections, diagnostic bilateral sacroiliac joint injections (12/29/2014), physical therapy, and medications. Currently, the injured worker complains of low back pain with radiation to the buttocks, and left groin pain. He reported that Lunesta was helping him sleep better. Current medications included medical THC, Norco, Relafen, Neurontin, and Ultram ER. His Norco was recently denied and was pending appeal. The use of Hydrocodone was noted for greater than one year. Lunesta trial was noted on 3/10/2015. He was currently not working. The urine drug screen on 12/04/2015 was documented as consistent with prescribed medications. Exam noted tenderness to palpation about the lumbar paraspinal muscles, overlying the bilateral L4-5 and L5-S1 facet joints, and spasms were positive to the low back. Lumbar range of motion was restricted by pain. Sacroiliac and lumbar discogenic provocative maneuvers were positive bilaterally. The treatment plan included continued medications, including Norco and Lunesta.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 MG #120:** Upheld

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

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

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Norco 10/325 MG #120 is not medically necessary and appropriate.

**Lunesta 3 MG #30:** Upheld

**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), Insomnia Treatment, pages 535-536.

**Decision rationale:** Hypnotics are not included among the multiple medications noted to be optional adjuvant medications, per the Official Disability Guidelines (ODG), Pain. Additionally, Lunesta is a non-benzodiazepine-like, Schedule IV controlled substance. Long-term use is not recommended as efficacy is unproven with a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic and anxiolytic. Chronic use is the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Submitted documents have not demonstrated any functional improvement from

treatment rendered for this chronic injury. The Lunesta 3 MG #30 is not medically necessary and appropriate.