

<b>Case Number:</b>	CM15-0099404		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	05/20/2003
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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, Pain Management

### 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 44-year-old female who sustained an industrial injury on 05/20/2003. The injured worker was diagnosed with lumbar degenerative disc disease, myofascial pain and chronic pain syndrome. Treatment to date was documented as acupuncture therapy and medications. There were no documented surgical procedures. According to the primary treating physician's progress report on April 17, 2015, the injured worker continues to experience low back pain. The injured worker rates her pain level at 7/10. The injured worker also reports headaches, muscle stiffness and anxiety. Examination demonstrated decreased painful range of motion, positive tenderness to palpation and diffuse hypertonicity. Current medications are listed as Norco, Lunesta, Motrin, Melatonin, Prilosec and Colace. Treatment plan consists of the current request for Norco 5/325mg and Lunesta 3mg for insomnia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription for Norco 5/325mg #10: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen; Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Medication Page(s): 75-80.

**Decision rationale:** Regarding the request for Norco, Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the patient has stopped narcotic medication during pregnancy, and her pain was well controlled with acupuncture. There is documentation of previous Norco use have helped reduce her pain and improved her function. However, there is no monitoring of aberrant use with urine drug screen or CUREs report. As such, there is no clear indication for ongoing use of the medication. In light of the above issues, the currently requested Norco is not medically necessary.

**1 prescription for Lunesta 3mg, #10: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Insomnia Treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Chronic Pain Chapter & Mental Illness and Stress Chapter, Sleep Medications.

**Decision rationale:** Regarding the request for Lunesta, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. With Eszopicolone (Lunesta), the guidelines state this agent "has demonstrated reduced sleep latency and sleep maintenance." It is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. Within the documentation available for review, there is no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has response to the medication in question. Given this, the current request is not medically necessary.