

<b>Case Number:</b>	CM13-0070055		
<b>Date Assigned:</b>	04/02/2014	<b>Date of Injury:</b>	08/25/2004
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 32 year old female patient. She has a history of lumbar and cervical complaints. The patient underwent L5-S1 and S1-S2 epidural injections 8/9/13. 8/23/13 progress note indicated that the patient reported that the pain in the left lower extremity resolved since the ESI. She also has an SCS. 9/20/13 note indicates that her pain in the left lower extremity resolved with the ESI. The patient is also on Soma for muscle spasms. 10/18/13 note indicates that the patient had 50% pain relief from her injection. The injection helped improve her activity level and she is able to walk approximately 30 minutes more after the injection. She notes 6-7 weeks of benefit from the injection. 1/24/14 progress note indicates that the patient has pain in the left lower extremity. She is on Soma for muscle spasms. 2/7/14 progress note indicates that the patient had 50% pain relief from the injections and improvement in activity level with 6-7 weeks of benefit. She has left lower extremity pain and is currently on Soma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 SET OF TRANSFORAMINAL EPIDURAL STEROID INJECTION BILATERALLY AT L5-S1 AND S1-S2: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTION Page(s): 46.

**Decision rationale:** CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. The patient had previous lumbar epidural injections L5-S1 and S1-S2 with 50% pain relief for 6-7 weeks and noted improvement in function with improvement of 30 minutes in walking ability. The request is medically necessary.

**1 PRESCRIPTION OF SOMA 350MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CARISOPRODOL Page(s): 29-65.

**Decision rationale:** CA MTUS states that SOMA is not recommended. Carisoprodol is metabolized to meprobamate an anxiolytic that is a schedule IV controlled substance. There is no rationale for the patient to be on Soma. She has been taking it for several months with no evidence of efficacy as demonstrated by objective measures of pain relief or functional benefit. The medication is not generally recommended, especially not for long term use. The request is not medically necessary.

**1 PRESCRIPTION OF LUNESTA 2MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, INSOMNIA TREATMENT

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter, Insomnia treatment was used instead. ODG states that eszopiclone (Lunesta) is a first-line medication for insomnia with potential for abuse and dependency. In this case, the earliest progress report stating the use of this medication was dated April 2013. Medical records submitted and reviewed indicate that intake of Lunesta has improved patient's sleep patterns. The medical necessity has been established. However, the present request does not specify the quantity of medication to be dispensed. Therefore, the request for 1 prescription of Lunesta 2mg is not medically necessary.