

<b>Case Number:</b>	CM13-0071124		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	03/14/1997
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/27/2013

### 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 Occupational Medicine 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:

The patient is an employee of [REDACTED] and has submitted a claim for neck pain associated with an industrial injury date of March 14, 1997. Treatment to date has included physical therapy; home exercise program; cervical epidural steroid injection; radiofrequency ablation; three cervical fusion surgeries; and medications, including opioids (since December 2012), Skelaxin 800 mg 1 PO QID prn spasm (since December 2012), and Lunesta 3 mg 1 PO qhs prn insomnia (since December 2012). Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of chronic severe neck pain, 10/10 without medications and 4/10 with medications, associated with cervicogenic headache, worse on the right. She also complained of bilateral upper extremity C8 radicular pain. On physical examination, there was decreased range of motion of the cervical spine with a positive Hoffman's sign on the right. Gait was myelopathic and she used a motorized scooter. There was no paraspinal muscle spasm noted. Motor strength was decreased in all extremities. Sensation was also decreased on the C7-8 dermatome bilaterally. Utilization review from December 24, 2013 denied the request for Urine Drug Testing QTY:1.00 because there was no documentation of provider concerns over patient use of illicit drugs or non-compliance with prescription medications; Skelaxin 800 mg QTY: 480 because the physical exam did not indicate muscle spasm and there was no documentation of functional improvement from previous use; and Lunesta 3 mg QTY: 120.00 because there was no documentation of current sleep disturbance or derived functional benefit from previous use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URINE DRUG TESTING: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

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

**Decision rationale:** According to page 78 of the Chronic Pain Medical Treatment Guidelines, a urine analysis is recommended as an option before a therapeutic trial of opioids and to assess for the use or the presence of illegal drugs, abuse, addiction, or poor pain control in patients under on-going opioid treatment. Screening is recommended at baseline, randomly at least twice and up to 4 times a year and at termination. In this case, urine drug testing was requested for purposes of diversion and medication monitoring. However, the medical records showed that from February 2013 to December 2013, the patient had monthly urine drug testing, which showed appropriate results. The patient then had a total of 11 urine analyses this past year, which is clearly beyond the recommendations. Furthermore, the medical notes did not indicate that the patient was at risk for abuse or addiction and poor pain control was not documented as well. There is no clear indication for a repeat urine drug testing at this time; therefore, the request for urine drug testing is not medically necessary.

**SKELAXIN 800MG TABLETS, #120, WITH THREE (3) REFILLS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

**Decision rationale:** According to page 63 of the Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP); however, in most LBP cases, they show no benefit beyond Non-Steroidal Anti-Inflammatory Drugs (NSAID) in pain and overall improvement. In addition, efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. In this case, the patient has been taking Skelaxin since December 2012 (17 months to date); however, the guidelines only recommend muscle relaxants for short-term treatment. Furthermore, there was no objective evidence of functional improvement documented from prior use. Moreover, physical exam findings show absence of muscle spasm. There is no clear indication for continued use of Skelaxin; therefore, the request for Skelaxin 800mg tablets, #120, with three (3) refills is not medically necessary.

**LUNESTA 3MG TABLETS, #30 WITH THREE (3) REFILLS: Upheld**

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

**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:** CA MTUS does not specifically address Eszopiclone (Lunesta); however, the Official Disability Guidelines state that eszopiclone (Lunesta) is a non-benzodiazepine sedative-hypnotic that is used as a first-line medication for insomnia. It is a schedule IV controlled substance that has potential for abuse and dependency. In addition, guidelines state that pharmacologic agents should only be used for insomnia treatment after careful evaluation of potential causes of sleep disturbance. In this case, the patient has been taking Lunesta since December 2012 (17 months to date) but no objective evidence of functional improvement was documented. Furthermore, the medical records failed to document findings of sleep disturbance, as well as, describe patient's sleep hygiene. There is no clear indication for continued use of Lunesta; therefore, the request for Lunesta 3mg tablets, #30 with three (3) refills is not medically necessary.