

<b>Case Number:</b>	CM14-0003443		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	08/21/2004
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 injured worker is a 47-year-old female who reported an injury on 08/21/2004. The mechanism of injury was not provided. The medication history included Lunesta in 2012 and Skelaxin as of mid-2013. The documentation of 09/25/2013 revealed the injured worker had persistent low back and poor sleep quality due to pain. The diagnoses included lumbosacral degenerative disc disease, status post L5-S1 fusion, displaced lumbar disc without myelopathy, chronic pain syndrome, chronic constipation, insomnia, myofascial pain with muscle spasms and opioid dependence. The treatment plan included a urine drug screen, Fentanyl patches, Norco 10/325 mg 2 every 4 hours as needed, Omnaris spray applied to the skin prior to putting the Fentanyl patch on, Tegaderm 4 by 4 to keep Fentanyl patch in place, Lunesta 3 mg 1 to 2 tablets at bedtime #60 and 1 month follow up. Subsequent documentation of 11/20/2013 revealed a request for Fentanyl, Lunesta, Colace, and Skelaxin to be authorized.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUNESTA 3 MG #60 -1-2 TABLETS AT NIGHT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES,PAIN,INSOMNIA TREATMENT.

**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, LUNESTA.

**Decision rationale:** The Official Disability Guidelines (ODG) does not recommend Lunesta for long term use but it is recommended for short term use. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 2012. There was lack of documented efficacy for the requested medication. Given the above, the request for Lunesta 3 mg #60 1 to 2 tablets at night is not medically necessary.

**SKELAXIN 800 MG #60 1 TABLET 2 TIMES DAILY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS,.

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

**Decision rationale:** The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since mid-2013. There was lack of documentation of objective functional benefit. The physical examination failed to indicate the injured worker had spasms to support the necessity for the requested service. Given the above, the request for Skelaxin 800 mg #60 1 tablet 2 times a day is not medically necessary.