

Case Number:	CM14-0114610		
Date Assigned:	08/04/2014	Date of Injury:	09/17/2001
Decision Date:	09/11/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/22/2014

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 Texas. 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 67 year old male who had a work-related injury on 09/17/01. Mechanism of injury is not documented. Most recent medical record submitted for review is dated 06/10/14. The injured worker continues to complain of low back pain which increased with repetitive activity. Pain level without medications is 6/10 with limited function. With medications it is 4/10, able to walk 3 miles, sit 30 minutes, stand one hour, lift 30-40 pounds, and complete activities of daily living. Soma and ice controls spasm after activities, usually 2 daily, Norco - 1 tablet every 6-8 hours is used for pain control and Lunesta 1mg has been helpful for sleep. No side effects and no abusive behavior are present. Physical examination, the injured worker is awake, alert, and oriented male. The injured worker transfers from sit to stand without stiffness/guarding and ambulates with a nonantalgic gait. Functional range of motion and 5/5 strength of lower extremities. The injured worker has decreased sensation on the left to right side, 90 degree flexion and 10 degree extension of his back. The injured worker is tender in the lumbar myofascial tissue. Diagnoses include lumbago, pain in soft tissue of limb, and unspecified myalgia and myositis. Current medications include Norco, Soma, and Lunesta. Prior utilization review on 06/19/14 was non-certified. Peer review dated 07/24/13 medications were modified to initiate weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60 1 po q 12 hrs PM spasms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 65.

Decision rationale: As noted on page 65 of the Chronic Pain Medical Treatment Guidelines, Soma is not recommended for long-term use. This medication is Food and Drug Administration-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. The documentation indicates that the patient is being prescribed the medication for chronic pain and long-term care exceeding the recommended treatment window. However, abrupt cessation of this medication can be harmful and requires a slow taper over 2-4 weeks. As such, a modification for a one month prescription for weaning purposes is necessary.

Lunesta 1mg #30 1 po QHS for insomnia due to pain: 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 chapter, 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) Eszopicolone (Lunesta).

Decision rationale: As noted in the Official Disability Guidelines, Lunesta is not recommended for long-term use, but recommended for short-term use. Current studies recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. The patient has exceeded the recommended treatment window. As such, the request for Lunesta 1mg #30 one by mouth every night cannot be recommended as medically necessary.