

Case Number:	CM14-0044103		
Date Assigned:	07/02/2014	Date of Injury:	06/30/2004
Decision Date:	08/20/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/11/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 30, 2004. Thus far, the applicant has been treated with analgesic medications, sleep aids, opioid therapy, artificial lumbar disk replacement surgery, and transfer of care to and from various providers in various specialties. In a utilization review report dated March 31, 2014, the claims administrator failed to approve Carisoprodol and Lunesta. The applicant's attorney subsequently appealed. In a February 12, 2013 progress note, the applicant presented with multifocal low back, leg, neck, and abdominal pain. The applicant was asked to follow up on an as needed basis. The applicant's work status was not furnished. On an April 12, 2014 progress note, the applicant was described as using Naprosyn, Nucynta, Soma, Neurontin, Lunesta, and Senna. Persistent complaints of severe low back pain radiating to the left leg were noted. The applicant stated that her current medication regimen was helpful. Lunesta was helping her with sleep. On June 11, 2013, the attending provider again noted that the applicant had persistent complaints of low back pain radiating to the legs. The applicant was asked to continue Nucynta, Soma, Neurontin, Lunesta, and Senna. The attending provider stated that the applicant was using Soma anywhere from two to three times a day. In a handwritten note dated October 17, 2012, the applicant was placed off of work, on total temporary disability by a mental health perspective.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: As noted by the MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. In this case, the information on file does establish that the applicant is using Soma in conjunction with opioids, including Nucynta. The applicant is using Soma, on a scheduled, long-term daily basis. This is not recommended. Therefore, the request is not medically necessary.

Lunesta 2 mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7. Decision based on Non-MTUS Citation Food and Administration (FDA), Lunesta Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that an attending provider incorporates some discussion of medication efficacy into his choice of recommendations. In this case, the attending provider has posited that use of Lunesta has improved the applicant's sleep. As noted by the Food and Drug Administration (FDA), Lunesta is indicated in the treatment of insomnia, with clinical trials demonstrating efficacy for up to six months in duration. Thus, Lunesta is indicated for chronic, long-term, and/or scheduled use, per the FDA. Therefore, the request is medically necessary.