

<b>Case Number:</b>	CM14-0046824		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	01/24/2005
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Management and is licensed to practice in Tennessee. 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 a 43-year-old female who has submitted a claim for lumbar intervertebral disc displacement without myelopathy and complex regional pin syndrome of the right foot associated with an industrial injury date of January 24, 2005. Medical records from 2012 to 2014 were reviewed. The patient complained of low back pain rated 7-8/10, right foot pain 7-8/10, and left foot pain rated 6/10. She has trouble sleeping due to pain. Physical examination showed diffuse tenderness over the cervical spine through lumbar spine, bilateral SI joints, and sciatic notches; limitation of motion of the lumbar spine; Waddell sign grossly positive for reproduction of low back pain with passive trunk rotation and head compression; sitting straight leg raise leads to bilateral foot pain; supine straight leg raise leads to low back pain bilaterally; and diminished sensation on the bilateral lateral calves and right foot. MRI of the lumbar spine on May 17, 2013 showed disc desiccation at L4-5, L5-S1; slight disk bulge without any spinal stenosis or foraminal stenosis at L4-5; right paracentral disk protrusion slightly abutting the right S1 nerve root; and some narrowing of the right L5 nerve sleeve. The diagnoses were right foot chronic regional pain syndrome, chronic bilateral plantar fasciitis and metatarsalgia, and lumbago. Treatment to date has included Cymbalta, Celebrex, Neurontin, Thermacare patch, Lyrica, Lunesta, trazodone, baclofen, clonidine, capsaicin, physical therapy, chiropractic therapy, lumbar brace, right S1 ESI, right foot injections, and right foot surgery. Utilization review from March 26, 2014 denied the request for baclofen 20mg #100. The records contain limited information regarding the specific benefit of the patient's pharmacologic treatment overall. There was also limited information regarding the basis for diagnosing the patient with complex regional pain syndrome and the rationale for utilizing baclofen. The request for Lunesta 3mg #18 was modified to Lunesta 3mg #10 to allow for taper and discontinuation. Information with regards to nature of sleep disturbance, as well as the rationale and specific benefit from

pharmacologic treatment is limited. The request for Trazodone 150mg was modified from #100 to #30 to allow for either tapering or discontinuation.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Baclofen 20 mg #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants; Baclofen Page(s): 63.

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

**Decision rationale:** According to page 63 of the CA MTUS 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 NSAIDs 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. Furthermore, drugs with the most limited published evidence in terms of clinical effectiveness include baclofen. In this case, the patient has been on baclofen since at least August 2012. However, there was no evidence of continued analgesia and functional improvement from its use. Moreover, the medical records do not reflect acute exacerbation of pain or muscle spasms. There was no clear indication for use of this medication at this time. Likewise, the guideline does not support its long-term use. The medical necessity has not been established. Therefore, the request for Baclofen 20 mg #100 is not medically necessary.

**Lunesta 3 mg #18:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines/ Treatment in Worker's Compensation; Pain Chapter: Insomnia Treatment (Treatment Index, 18th edition (web), 2013

**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:** CA MTUS does not specifically address Eszopiclone (Lunesta). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. It states that Eszopiclone (Lunesta) is a non-benzodiazepine sedative-hypnotic (benzodiazepine-receptor agonist) and is a first-line medication for insomnia. It is a schedule IV controlled substance that has potential for abuse and dependency. Lunesta has demonstrated reduced sleep latency and sleep maintenance. In this case, patient has been taking Lunesta since at least

December 2013. However, medical records failed to show functional benefits from its use. Furthermore, there was no discussion on sleep hygiene and trial of non-pharmacologic treatment. The medical necessity for continued use of this medication was not established. Therefore, the request for Lunesta 3 mg #18 is not medically necessary.

**Trazodone 150 mg #100:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines for Chronic Pain, Chapter 6 Revised, page 99

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Trazodone (Desyrel)

**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, ODG was used instead. ODG recommends trazodone as an option for insomnia only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. In this case, the patient has been on this medication as far back as August 2012. However, medical records failed to show functional benefits from its use. There was also no description of the patient's sleep hygiene or of any co-existing depression or anxiety symptoms based on the most recent progress reports. There was no clear indication for use of this medication. The medical necessity has not been established. Therefore, the request for Trazodone 150 mg #100 is not medically necessary.