

<b>Case Number:</b>	CM14-0055876		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/27/1985
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 Family 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:

This is a 70-year-old female who reported an industrial injury on 9/27/1985, almost 29 years ago, to the lower back. The patient is being treated for chronic low back pain subsequent to the industrial injury and surgical interventions to the lumbar spine. The patient complains of neck, knee, and back pain. The patient is documented to have received a lumbar spine fusion; medications; bracing, Synvisc, and activity modification for the treatment of the effects of the industrial injury. The patient is taking Ultracet and Tramadol for pain and this was authorized by UR. The objective findings on examination included TTP around the lumbosacral junction; no midline tenderness; walking with walker due to knee; and slight antalgic gait secondary to her knee. The diagnoses were s/p bilateral hip replacement surgeries; s/p shoulder surgeries; C5-C6 and C6-C7 foraminal impingement right sided; right sided cervical radiculopathy; remote fusion T9 to S1 with some loosening at the T9 segment; chronic pain syndrome and left knee arthritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin 500 mg #270:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63.

**Decision rationale:** The prescription for Robaxin is not demonstrated to be medically necessary in the treatment of chronic back pain or for chronic pain syndrome. The patient is prescribed Robaxin #270 for chronic pain. The Robaxin appears to be prescribed routinely for chronic pain instead of prn for occasional muscle spasms. There is no medical necessity for the routine prescription of muscle relaxers on a daily basis for the treatment of chronic pain. The use of muscle relaxants is not recommended by the CA MTUS or the Official Disability Guidelines for the treatment of chronic back pain without demonstrated muscle spasms. The use of muscle relaxants are recommended to be prescribed only briefly for a short course of treatment. The use of the Robaxin is not supported with objective evidence to support medical necessity. There were no documented muscle spasms; no demonstrated exacerbations with spasm; and no rationale to support the medical necessity for Robaxin 500 mg #270. The prescription of the Robaxin (Methocarbamol) routinely on a daily basis is not directed to muscle spasm flare ups on a prn basis as recommended by the CA MTUS. Robaxin and is recommended as a second line option for the short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to be diminished over time and prolonged use of some medications in this class may lead to dependence. The most recent documentation indicates that this medication as part of the current medication regimen. Therefore, the request is not medically necessary.

**Lunesta 3mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODGMorin 2007Walsh 2007Ramakrishnan 2007FDA usage.

**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.

**Decision rationale:** The California MTUS and the ACOEM guidelines are silent as to the use of sleeping medications. The prescription for Lunesta is recommended only for the short term treatment of insomnia for two to six weeks by the ODG. The patient is being prescribed the Lunesta on a routine basis. There is no provided subjective/objective evidence to support the prescription for the use of Lunesta on an industrial basis for this patient for the ongoing prolonged period of time. The patient has exceeded the recommended time period for the use of this short term sleep aide. There is no medical necessity for the prescription of Lunesta on a nightly basis. There is no rationale to support the #30 per month x3 months Lunesta for the insomnia associated with chronic pain. The patient has been prescribed a sedative hypnotic for a prolonged period time and has exceeded the time period recommended by evidence based guidelines. The continued use of Lunesta on a nightly basis is inconsistent with evidence based medicine and is not effective for the patient leading to dependency issues. There is no recommendation for Lunesta for any sleep disturbance issue or for insomnia. The patient has been prescribed Lunesta for a period of time without any documentation of a failure of the

multiple available over-the-counter sleep aids. The patient should be discontinued from the recently prescribed Lunesta in favor of other available remedies that may be obtained over the counter. There needs to be further documentation in the medical record that the insomnia is persistent or related to the industrial injury. The patient is prescribed Lunesta on a nightly basis and not PRN insomnia. The request for Lunesta 3 mg #90 suggests the patient is taking a sleeping medication every night for the next 3 months. There is no demonstrated medical necessity for the use of Lunesta when only short-term treatment is recommended by evidence guidelines. The use of nightly sleeping aids is not medically necessary. The sedative hypnotic is known to lead to issues of dependency and abuse. There is no demonstrated medical necessity for the continuation of Lunesta. Therefore this request is not medically necessary.