

<b>Case Number:</b>	CM14-0069168		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	12/26/2002
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 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 53 year old male who suffered a work related injury on 12/26/02. Mechanism of injury was not documented. The injured worker was seen and treated for chronic low back and right leg symptoms. Most recent clinical documentation submitted for review was dated 04/16/14. The injured worker continued to complain of low back pain radiating down his left foot right leg with numbness and tingling exacerbated with prolonged sitting. He was denied authorization to undergo epidural steroid injection and for a lumbosacral brace. On physical examination there was tenderness in the lower lumbar paravertebral musculature. Forward flexion was to 60 degrees, extension 10 degrees. Lateral bending to 30 degrees. There was positive sitting straight leg raise examination on the right. Strength in the lower extremities was globally intact. Diagnoses spondylolisthesis L5-S1. Right S1 radiculopathy. Active C5 through C8 radiculopathy on the left. History of CRPS right upper extremity. Status post spinal cord stimulator implantation. Status post left partial lateral epicondylectomy with extender tendon repair. Status post left shoulder open exploration with subacromial decompression. Prior utilization review on 05/02/14 soma was modified, Lunesta was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #30 with 2 refills:** Upheld

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

**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 FDA-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, medical necessity has not been established.

**Lunesta 3mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress.

**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 3mg #30 with 2 refills cannot be recommended as medically necessary.