

Case Number:	CM14-0074877		
Date Assigned:	07/16/2014	Date of Injury:	01/04/2012
Decision Date:	10/02/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/22/2014

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 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 patient is a 42-year-old female who has submitted a claim for musculoligamentous sprain/strain cervical spine, right shoulder sprain, and insomnia associated with an industrial injury date of 1/4/2012. Medical records from 11/12/13 up to 4/24/14 were reviewed showing frequent pain and discomfort in the cervical spine described as aching, 6/10, with numbness in the right arm down to her hand. She is also complaining of right shoulder pain that is achy, burning, and numb. Pain is 7/10 in severity. She has difficulty raising her arm above shoulder level. She also has aching pain in her lumbar spine, 5-9/10 in severity. She states that her lower back occasionally spasms with frequent motion. She also has anxiety and depression related to her injuries and disability. She uses Ambien to fall asleep which does help her sleep longer throughout the night. Objective findings revealed tenderness over the cervical spine and right shoulder with near normal ROMs. There was tenderness over the lumbar spine with near normal ROM and spasm. SLR was positive at 40 degrees with radiations down to right calf. Treatment to date has included Xanax, Soma, Lunesta, Tramadol, Ambien, and Vicodin. Utilization review from 5/21/2014 denied the request for Xanax 1mg #60, Soma 350mg #30, Lunesta 1mg #30, and Tramadol 50mg #60. Regarding Xanax, there is no documentation that the patient has anxiety. Regarding Soma, this medication is only for short-term use. Regarding Lunesta, this medication is only for short-term use. Regarding Tramadol, there is no documentation of decreased pain and functional improvement with this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24.

Decision rationale: According to page 24 of the CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Tolerance develops with long-term use. In this case, the patient has been using Xanax since at least 11/2013. Although she does experience some anxiety, this medication is not indicated for long-term use as tolerance often develops. Therefore, the request for Xanax 1mg #60 is not medically necessary.

Soma 350mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS: Chronic Pain: Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CARISOPRODOL Page(s): 29 AND 65.

Decision rationale: According to pages 29 and 65 of CA MTUS Chronic Pain Treatment Guidelines, carisoprodol (Soma) is not indicated for long-term use. The medication is not recommended for longer than a 2 to 3 week period. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. In this case, the patient has been taking Soma since at least 11/2013. Although the patient exhibited muscle spasms in the history and physical examination, this medication is not indicated for long-term use. Therefore, the request for Soma 350mg #30 is not medically necessary.

Lunesta 1mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress: Eszopiclone (Lunesta)

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, and is the only benzodiazepine-receptor agonist FDA approved

for use longer than 35 days. ODG also recommends limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. The FDA has lowered the recommended starting dose of eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women. Previously recommended doses can cause impairment to driving skills, memory, and coordination as long as 11 hours after the drug is taken. In this case, the patient has been taking Lunesta since at least 3/20/2014. Prior to this, she has been taking Ambien since at least 11/2013. There was no discussion as to why the shift to Lunesta. Furthermore, the long-term use of this medication is not indicated. Therefore, the request for Lunesta 1mg #30 is not medically necessary.

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS: Chronic Pain: Opioids, criteria for use: When to Continue.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 79-81.

Decision rationale: According to pages 79-81 of CA MTUS Chronic Pain Medical Treatment Guidelines, tramadol is a centrally acting synthetic opioid analgesic and is not recommended as a first-line oral analgesic. In addition, guidelines do not support ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient has been taking opioids since at least 11/2013. There was no documentation of pain relief as her pain level remained at 7-9/10. The pain level when she is off her medications was not noted. Furthermore, there was no evidence of significant functional improvement. In addition, prior UDS done showed inconsistencies indicating aberrant drug taking behavior. Therefore, the request for Tramadol 50mg #60 is not medically necessary.