

<b>Case Number:</b>	CM14-0198597		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	12/11/2009
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 Practice and is licensed to practice in Ohio. 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 55-year-old male with a date of injury of December 11, 2009. He complains of low back pain radiating to the left lower extremity. Diagnoses include lumbar degenerative disc disease and lumbar radiculitis. The physical exam reveals diminished lumbar range of motion and diminished sensation in the region of the left L5 dermatome. The self-reported pain levels on a 10 point scale range from 7-8/10. The injured worker states that the medications help 80% with his pain. The injured worker states that he sleeps between five and eight hours per night. On May 27, 2014 a urine drug screen was negative for all prescribed medications which included Kadian, Norco, Soma, and Ambien. At issue is a request for Soma 350 mg #90, Lunesta 2 mg #30, MS Contin #120, and Norco 10/325 mg #150. Utilization review physician did not certify any of these medications the basis of lack of adequate documentation and the chronicity of use for the muscle relaxants Soma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg t.i.d #90:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Carisoprodol (Soma)

**Decision rationale:** Carisoprodol (Soma) is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a Schedule-IV controlled substance). As of January 2012, carisoprodol is scheduled by the DEA as a Schedule IV medication. (DEA, 2012) It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. 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. This medication is not indicated for long-term use. In this instance, Soma has been in continuous use for at least five months. This length of time clearly exceeds the normal course recommended. More concerning, a urine drug screen from May 27, 2014 failed to show metabolites of Soma suggesting possible diversion. Therefore, Soma 350mg t.i.d #90 is not medically necessary.

**Lunesta 2mg q.h.s #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Insomnia Treatment; regarding 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), Mental Illness and Stress, Eszopiclone (Lunesta)

**Decision rationale:** Lunesta is not recommended for long-term use, but recommended for short-term use. The Official Disability Guidelines recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. 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. Despite these long-lasting effects, patients were often unaware they were impaired. In this instance, the use of sedative hypnotics appears to have been occurring for at least the last five months, first with Ambien and now Lunesta. Because there is no diagnosis of insomnia along with an explanation of its origin and the use of hypnotics has exceeded the recommended guidelines for therapy duration, Lunesta 2mg q.h.s #30 is not medically necessary.

**Norco 10/325mg Q4-6H #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids; On-Going Management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** Those prescribed opioids chronically require ongoing assessment for pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued when there is demonstrable improvement in pain and functionality as a consequence of the medication. Opioids should generally be discontinued if there is no improvement in both pain and functionality or there is evidence of aberrant drug taking behavior. Typical questions regarding pain include least amount of pain, average pain, greatest amount of pain, duration of analgesia with medication, and time for analgesia to occur with medication. In this instance, there is little objective evidence to suggest that there is indeed pain relief with the opioids. The types of questions mentioned above are not documented. Further, there is no inquiry regarding the injured worker's functionality within the time span presented for review. Lastly, there is evidence of aberrant drug taking behavior as shown by a negative urine drug screen for four prescribed medications. Consequently, Norco 10/325mg Q4-6H #150 is not medically necessary.

**MS Contin 60mg b.i.d #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Opioids; On-Going Management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** Those prescribed opioids chronically require ongoing assessment for pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued when there is demonstrable improvement in pain and functionality as a consequence of the medication. Opioids should generally be discontinued if there is no improvement in both pain and functionality or there is evidence of aberrant drug taking behavior. Typical questions regarding pain include least amount of pain, average pain, greatest amount of pain, duration of analgesia with medication, and time for analgesia to occur with medication. In this instance, there is little objective evidence to suggest that there is indeed pain relief with the opioids. The types of questions mentioned above are not documented. Further, there is no inquiry regarding the injured worker's functionality within the time span presented for review. Lastly, there is evidence of aberrant drug taking behavior as shown by a negative urine drug screen for four prescribed medications. Consequently, MS Contin 60mg b.i.d #60 is not medically necessary.