

Case Number:	CM14-0198899		
Date Assigned:	12/09/2014	Date of Injury:	11/26/2004
Decision Date:	01/22/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	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 Physical Medicine Rehab, has a subspecialty in Interventional spine 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 40 year old female with an injury date of 11/26/04. Based on the 11/03/14 progress report, the patient complains of neck, low back and right wrist pain and insomnia associated with ongoing pain. The neck pain radiates down right upper extremity bilateral upper extremities accompany by tingling intermittently in the bilateral upper extremities from shoulder to the fingers. The patient reports the neck pain is associated with bilateral temporal headaches. The lower back pain is constant and radiates down the bilateral lower extremities, from hip to the toes with tingling. The pain aggravates by activity, bending, prolonged sitting and standing, turning, twisting and walking. The patient reports severe difficulty in sleep. The patient presents with bladder dysfunction, urinary incontinence. The pain is rated at 4/10 with medications and at 8/10 without medication. The patient reports moderate nausea and constipation. The patient reports activity of daily living is limited in self-care and hygiene, activity, ambulation, hand function and sex. The patient had lumbar spine epidural at L5-S1 on 03/12/13 with 4 months relief. Cervical examination noted spinal vertebral tenderness in C5-7. Myofascial trigger points with twitch response are noted in the trapezius muscles bilaterally. The range of motion of the cervical spine is moderately limited due to pain. Axial compression is positive. There is tenderness in the paravertebral region. Lumbar examination noted spasm on L2-S1 in the paraspinous musculature. Tenderness was noted upon palpation in the bilateral paravertebral area L4-S1. The range of motion of the lumbar spine is moderate to severely limited. Straight leg raise is positive bilaterally at 70 degrees. Her diagnoses include followings:1. Cervical Radiculopathy2. Spain/Strain of the Thoracic Spine3. Chronic pain other 4. Lumbar Radiculopathy5. Insomnia6. Fibromyalgia7. Plantar fasciitisThe treater states "the patient has developed opiate tolerance due to long-term opiate use and prescriptions have been provided to the patient to reflect a slow weaning of Oxycodone and Soma." The current medications are

Carisoprodol, Lunesta, Lyrica, Melatonin, Omeprazole, Oxycontin, Hydrocodon-acetaminophen, Acidophylus, Benadryl, Ibuprofen, Kanamycin Sulfate powder, and Tenormin. The treating physician is requesting authorization for Carisoprodol 350mg #90, Lunesta 2mg #30, Lyrica 200mg #90, and Melatonin 10mg #30 per 11/03/14 report. The utilization review determination being challenged is dated 11/19/14. The requesting provider provided treatment reports from 03/25/14-11/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: This patient presents with neck, low back and right wrist pain with insomnia. The request is for Carisoprodol 350mg #90. Review of reports shows the patient has been taking this medication as early as 09/08/14 report. The utilization review letter shows the request is partially approved to #20. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. MTUS recommends requested Soma only for a short period, therefore request of Carisoprodol 350mg #90 is not medically necessary.

Lunesta 2mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Med Lett Drugs Ther.2005 Feb 28;47(1203):17-9. 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, Insomnia treatments Mental & Stress chapter, Lunesta

Decision rationale: This patient presents with neck, low back, and right wrist pain with insomnia. The request is for Lunesta 2mg #30. According to utilization review letter, Lunesta 3mg #30 was certified on 11/12/14. The request of Lunesta 2mg #30 was denied for "no indication as to why the provider is requesting an overlapping refill of prescription." ODG guidelines Pain chapter, under Insomnia treatments states, "Eszopiclone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. (Morin, 2007) The only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. A randomized, double blind, controlled clinical trial with 830 primary insomnia patients reported significant improvement in the treatment group when compared to the control group for sleep latency, wake

after sleep onset, and total sleep time over a 6-month period." Under Stress chapter, section Lunest, ODG states, "Not recommended for long-term use," recommended use of hypnotics to 3 weeks maximum in the first 2 months of injury only. In this case, the review of the reports shows that the patient was prescribed and authorizes 3mg Lunesta already. The current request is for #30 as well, which exceeds what is recommended per ODG for 3 weeks maximum. The request is not medically necessary.

Lyrica 200mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica).

Decision rationale: This patient presents with neck, low back, and right wrist pain with insomnia. The request is for Lyrica 200mg #90. According to 09/08/14 report, Lyrica renewal was treatment plan and the utilization review letter states that Lyrica 75mg x one month supply was partially certified on 11/12/14. The MTUS guidelines pg. 19 has the following regarding Pregabalin (Lyrica), "Pregabalin (Lyrica, no generic available) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. In June 2007 the FDA announced the approval of pregabalin as the first approved treatment for fibromyalgia." In this case, medical records show that this patient has been taking Lyrica prior to 09/08/14. The treater states that Lyrica is to manage chronic neuropathic type pain per 11/03/14 report. The reports indicate 8/10 pain without medication and 4-6/10 with medication. Given the patient's radicular symptoms, a neuropathic condition, and documented benefit from use of this medication, the request is medically necessary.

Melatonin 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug Monograph

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) chapter states regarding Melatonin

Decision rationale: This patient presents with neck, low back, and right wrist pain with insomnia. The request is for Melatonin 10mg #30. Review of the record shows that the patient has been taking this medication for insomnia prior to 09/08/14 report. The utilization review letter denied the request for "no evidence of objective functional gains with prior use." The patient reports severe difficulty in sleep associated with ongoing pain per 11/03/14 report. ODG guideline under pain (chronic) chapter states regarding Melatonin as "recommended... There are also experimental and clinical data supporting an analgesic role of melatonin. In published studies melatonin shows potent analgesic effects in a dose-dependent manner, and melatonin has

been shown to have analgesic benefits in patients with chronic pain. Also, the repeated administration of melatonin improves sleep and thereby may reduce anxiety, which leads to lower levels of pain." In this case, there appears to be support for melatonin in the guideline. However, the treater does not mention in any of the reports that this medication has been helpful with pain or insomnia. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Therefore, the request is not medically necessary.