

Case Number:	CM14-0203648		
Date Assigned:	12/16/2014	Date of Injury:	07/07/2002
Decision Date:	02/04/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/05/2014

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 Pain Management 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 65-year-old female with a date of injury of 07/07/2002. The medical file provided for review includes 1 progress report dated 11/08/2014. According to this report, the patient presents with chronic low back pain. She states she is doing well overall, but reports that her pain is somewhat worse with the change in weather. The patient reports her pain is tolerable with current medications. She denies any side effects with her medications. Examination revealed that the patient is able to transfer and ambulate with guarded and antalgic gait on the left side. She has limited range of motion in the back and the lower extremity range of motion is intact. There is good lower extremity strength noted. The patient has good upper extremity range of motion and strength is normal. There is tenderness to palpation across the scapular region and gluteal region. The listed diagnoses are: 1. Musculoligamentous strain of the cervical spine and trapezius. 2. Upper back strain and musculoligamentous strain in the lumbar spine. The patient is permanent and stationary. The utilization review discusses a progress report dated 09/29/2014 which was not provided for my review. According to this report, the patient presents with continued neck and low back pain. She is utilizing Soma at bedtime. Recommendation was for patient to continue with medication, including Soma 350 mg, Lunesta 3 mg, and to start Baclofen. The utilization review denied the request for refill of Soma 350 mg and Lunesta 3 mg on 11/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Muscle Relaxants

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63 and 64.

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for Soma 350 mg #90. The MTUS Guidelines page 63 regarding muscle relaxant states, "Recommended non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations of patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain with overall improvement. Efficacy appears to diminish over time, and a prolonged use of some medications in this class may lead to dependence." The patient has been utilizing this medication on a long-term basis since at least September of 2014. The MTUS specifically states for Soma, the maximum recommendation for usage is 2 to 3 weeks. The requested Soma 350 mg #90 is not medically necessary.

Lunesta 3mg #45: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Eszopicolone

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 & Stress chapter, Insomnia treatment.

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for Lunesta 3 mg #45. The utilization review denied the request stating that the patient has been utilizing this medication on a long-term basis and "Evidence-based guidelines specifically recommend limiting use of hypnotics to 3 weeks maximum in the first 2 months of injury only, and discouraged use in the chronic phase." It appears the patient has been utilizing this medication since at least 09/29/2014. In this case, FDA has approved this medication for use longer than 35 days. However, ODG Guidelines under its pain chapter states that this medication is for the treatment of insomnia. The treating physician has provided 1 progress report dated 11/08/2014 which provides no discussion regarding insomnia or sleep disturbances. Given the lack of discussion regarding the medical necessity the requested Lunesta is not medically necessary.