

<b>Case Number:</b>	CM14-0206679		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	02/06/2012
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 Rehabilitation, 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 50 year-old female with a 2/06/12 date of injury. On 11/24/14 utilization review reviewed an 11/18/14 request for massage and use of Lunestra, stating that MTUS only supports massage as an adjunct to PT or active treatment modalities, and ODG only recommends Lunestra in the first 2-months post-injury. The 11/18/14 medical reports were not available for this review. According to the 10/26/14 report, the patient is still doing well from a cervical epidural injection. There were no positive physical examination findings and the diagnoses include brachial neuritis; and degenerative cervical intervertebral disc.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage therapy x6 for trapezius spasm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.Massage therapy. Page(s): 60.

**Decision rationale:** The request is for massage therapy for trapezius spasm. Unfortunately, the medical reports that requested the massage therapy were not provided for this review. There are

no medical reports provided, that discuss massage therapy. The most recent report provided is dated 10/20/14, and it documents normal exam findings without mention of muscle spasms in the trapezius. There is no discussion of the patient's exercise program if any; and no mention of prior massage therapy. MTUS Chronic Pain Medical Treatment Guidelines, page 60 for Massage therapy states: Recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. There is not enough information provided to determine whether massage therapy is in accordance with MTUS guidelines. Based on the available information, there does not appear to be any muscle spasms, and the therapy does not appear to be requested as an adjunctive therapy to an exercise program; and it is not known if there was any prior massage therapy. Based on the provided information, the request for: Massage therapy x6 for trapezius spasm IS NOT medically necessary.

**Lunesta 1mg #30 dispensed 11/17/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 10/30/14) Eszopicolone (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, for Insomnia.

**Decision rationale:** The request is for use of Lunesta 1mg #30 that was dispensed on 11/17/14. Unfortunately, the medical reports that requested the Lunesta were not provided for this review. There are no medical reports provided, that discusses any evaluation of insomnia or sleep issues. The most recent report provided is dated 10/20/14, and it documents normal exam findings without mention insomnia ODG pain chapter, for Insomnia treatment states:Recommend that treatment be based on the etiology, with the medications recommended below. See also Insomnia. For more detail on Insomnia treatment, see the Mental Chapter. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. (Lexi-Comp, 2008) Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. Eszopicolone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. The ODG guidelines allow for short-term use of Lunesta for treatment of insomnia. The ODG guidelines state: "Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance" The available report does not mention insomnia nor discuss potential causes. Based on the available reports, the ODG criteria for pharmacological treatment of insomnia have not been met. Based on the provided information, the request for Lunesta 1mg #30 dispensed 11/17/14 IS NOT medically necessary.