

Case Number:	CM15-0137233		
Date Assigned:	07/27/2015	Date of Injury:	05/06/2012
Decision Date:	09/17/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/15/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following
 credentials: State(s) of Licensure: California
 Certification(s)/Specialty: Family Practice

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 41 year old male, who sustained an industrial injury on May 6, 2012. He reported pain in the bilateral upper extremities with bilateral shoulder numbness radiating down the upper extremities to the wrists and right hand. No diagnoses were included in the documentation. Treatment to date has included diagnostic studies, conservative care, medications and work restrictions. Currently, the injured worker complains of continued pain in the bilateral upper extremities with bilateral shoulder numbness radiating down the upper extremities to the wrists and right hand and associated muscle spasms and insomnia. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on October 14, 2014, revealed continued pain as noted. Positive tenderness over carpal tunnel bilaterally and cubital tunnel bilaterally and a negative Tinel's sign of the bilateral wrists and right elbow were noted. A positive Tinel's was noted over the left elbow as well. Evaluation on November 12, 2014, revealed continued pain as noted. He rated his pain at 4 on a 1-10 scale with 10 being the worst. Evaluation on December 16, 2014, revealed continued pain as noted with associated symptoms. He rated his pain at 6-8 on a 1-10 scale with 10 being the worst. Lunesta for sleeping and Soma for muscle spasm was recommended. Evaluation on April 9, 2015, revealed continued pain rated at a 5 on a 1-10 scale with 10 being the worst. He reported he had been sleeping better than before he started the Lunesta. He reported he only slept 2-3 hours at a time while not using Lunesta however he did not indicate how many hours at a time he would sleep without the Lunesta. He noted decreased muscle spasms with Soma. Lunesta 1mg #30 and Soma 250mg #60 were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 250mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of Carisoprodol (also known as Soma) as a treatment modality. Soma is not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. This includes the following: (1) increasing sedation of benzodiazepines or alcohol; (2) use to prevent side effects of cocaine; (3) use with tramadol to produce relaxation and euphoria; (4) as a combination with hydrocodone, an effect that some abusers claim is similar to heroin (referred to as a Las Vegas Cocktail (5) as a combination with codeine (referred to as Soma Coma. In this case, the records indicate that Soma is being used as a long-term treatment strategy for this patient's symptoms. Further, it is being used in combination with an opioid, which increases the risk to the patient for adverse side effects. As noted in the above cited MTUS guidelines, Soma is not recommended as a long-term treatment modality. Therefore, Soma is not considered as a medically necessary treatment.

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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain Section: Insomnia Treatment.

Decision rationale: The Official Disability Guidelines comment on the pharmacologic treatment of insomnia to include medications such as Lunesta. These guidelines recommend that treatment be based on the etiology. 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. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. Regarding the pharmacologic treatment: There are four main categories of

pharmacologic treatment: (1) Benzodiazepines; (2) Non-benzodiazepines; (3) Melatonin & melatonin receptor agonists; & (4) Over-the-counter medications. The majority of studies have only evaluated short-term treatment (i.e., 4 weeks) of insomnia; therefore, more studies are necessary to evaluate the efficacy and safety of treatments for long-term treatment of insomnia. In 2007, the FDA requested that manufacturers of all sedative-hypnotic drugs strengthen product labeling regarding risks (i.e., severe allergic reactions and complex sleep-related behaviors, such as sleep driving). It is recommended that treatments for insomnia should reduce time to sleep onset, improve sleep maintenance, avoid residual effects and increase next-day functioning. Lunesta is in the category of a non-benzodiazepine sedative/hypnotic. In this case, there is insufficient documentation that the patient has undergone an assessment for the etiology of the sleep disturbance. There is insufficient documentation that the potential for psychiatric and/or medical issues that may impact the patient's sleep disturbance have been addressed. Finally, it is unclear, that specific components of insomnia have been addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. In summary, there is insufficient evidence to support the long-term use of a sedative/hypnotic medication for this patient's insomnia. Lunesta 1 mg #30 tablets is not considered as medically necessary.