

<b>Case Number:</b>	CM15-0186882		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	04/07/2008
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

### 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 50 year old female, who sustained an industrial-work injury on 4-7-08. A review of the medical records indicates that the injured worker is undergoing treatment for mid to low back pain, lumbar post laminectomy syndrome, lumbar radiculitis, Lumbar degenerative disc disease (DDD), chronic pain syndrome, depression, problems with sleeping and anxiety. Medical records dated (7-8-15 to 9-9-15) indicate that the injured worker complains of stabbing upper, mid and low back pain with burning in the thighs. She reports depression, anxiety and insomnia. The pain is worse with standing, bending and lifting. The pain improves with medications, short walks, physical therapy, swimming and massage therapy. The pain is rated 7-9 out of 10 on the pain scale without medications and 3-4 out of 10 with medications. She is able to complete her activities of daily living (ADL), walk for 20 minutes longer and take care of her father in law with use of medications. Per the treating physician report dated 9-9-15, the work status is permanent and stationary. The physical exam dated 9-9-15 reveals the sensation is slightly decreased over the left lateral leg. There is tenderness over the lumbar paraspinals, right more than the left. There is increased pain with lumbar flexion and extension and straight leg raise is positive bilaterally. Treatment to date has included pain medication including Oxycodone, Xanax, Effexor, Naproxen, Methocarbamol, Lunesta - Eszopicolone and Lioresal - Baclofen since at least 9-9-15, back fusion 8-20-10, right knee surgery 2008, psyche care, off work, physical therapy, swimming, diagnostics and other modalities. The treating physician indicates that the urine drug test result dated 6-5-15 was consistent with the medication prescribed. The request for authorization date was 9-10-15 and requested services included

Lunesta - Eszopicolone 2mg; one tablet by mouth every night at bedtime as needed for difficulty sleeping due to chronic pain, #30 for 30 days with 2 refills and Lioresal - Baclofen 10mg; one tablet by mouth twice a day for acute flare-ups of muscle spasms, #60 for 30 days with 3 refills. The original Utilization review dated 9-17-15 non-certified the request for Lunesta - Eszopicolone 2mg; one tablet by mouth every night at bedtime as needed for difficulty sleeping due to chronic pain, #30 for 30 days with 2 refills and Lioresal - Baclofen 10mg; one tablet by mouth twice a day for acute flare-ups of muscle spasms, #60 for 30 days with 3 refills.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lunesta - Eszopicolone 2mg; one tablet by mouth every night at bedtime as needed for difficulty sleeping due to chronic pain, #30 for 30 days with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Anxiety meds in chronic pain; Insomnia Treatment, Benzodiazepines and on the Non-MTUS Mod Trends Pharmacopsychiatri. 2013; 29: 128-43. doi: 10.1159/000351953. Epub 2013 Sep 20 and on the Non-MTUS website, <http://en.wikipedia.org/wiki/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 and stress.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of Lunesta. According to the ODG, Mental Illness and stress chapter, Lunesta is, "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." In this case, the documentation reports a chronic injury occurring 7 years prior. According to the guidelines, Lunesta would only be indicated in the first 2 months following the original injury and chronic use is contraindicated due to addiction. Therefore, the request is not medically necessary.

**Lioresal - Baclofen 10mg; one tablet by mouth twice a day for acute flare-ups of muscle spasms, #60 for 30 days with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines, page 64, describes the indications for Baclofen. The mechanism of action is blockade of the pre- and post-synaptic GABAB receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. As the patient has no evidence in the records of significant spasms objectively, the determination is for non-certification for Baclofen as it is not medically necessary and appropriate.



