

Case Number:	CM15-0193718		
Date Assigned:	10/14/2015	Date of Injury:	11/08/1985
Decision Date:	11/25/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/02/2015

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: Physical Medicine & Rehabilitation

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 59-year-old female, with a reported date of injury of 11-08-1985. The diagnoses include lumbar post laminectomy syndrome, lumbar radiculopathy, lumbar degenerative disc disease, and chronic back pain. Treatments and evaluation to date have included Cymbalta, Lidoderm 5% patch, Lyrica, Carisoprodol (since at least 05-2015), Celebrex, Norco, Lunesta (since at least 05-2015), Omeprazole, Oxycontin, and Bupropion. The diagnostic studies to date have not been included in the medical records. The progress report dated 09-18-2015 indicates that the injured worker had low back pain. She rated her pain (07-23-2015 to 09-18-2015) 5 out of 10 with medications, and 10 out of 10 without medications. It was noted that her quality of sleep was poor, and her activity level had increased. It was also noted that the urine toxicology confirmation dated 05-28-2015 included oxycodone, Noroxycodone, Oxymorphone, pregabalin, Cymbalta, and meprobamate. The objective findings include fatigue, mild pain, a slow and stooped gait, use of a cane, increased lumbar kyphosis, restricted lumbar range of motion with pain, tenderness to palpation and spasm of the lumbar paravertebral muscles, left greater than right, positive lumbar facet loading on the left, and positive straight leg raise test on the left. The treatment plan included the continued use of Soma (Carisoprodol) twice a day as needed for muscle spasms and the continued use of Lunesta as needed for insomnia due to chronic pain. It was noted that Soma optimizes the injured worker's function more so than the lack of the medication; Soma was able to decrease her muscle spasms by more than 50%. The treating physician requested Carisoprodol 350mg #56 with one refill, and

Lunesta 3mg #25 with one refill. On 09-30-2015, Utilization Review (UR) non-certified the request for Carisoprodol 350mg #56 with one refill, and Lunesta 3mg #25 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #56 x 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Medications for chronic pain.

Decision rationale: Based on the 9/18/15 progress report provided by the treating physician, this patient presents with lower backache rated 5/10 with medications and 10/10 without medications. The treater has asked for Carisoprodol 350MG #56 X 1 refill on 9/18/15. The request for authorization was not included in provided reports. The patient states that her quality of sleep is poor due to personal stressors per 9/18/15 report. The patient is able to walk 10-20 minutes 4 times per day outside of her house when she walks her dogs for exercise per 7/23/15 report. The patient is s/p unspecified knee surgery from 1/14/15 per 9/18/15 report. The patient has increased low back pain due to the long drive to the clinic, and is not able to sit for several hours per 7/23/15 report. The patient's work status is not included in the provided documentation. MTUS, Muscle Relaxants Section, 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. Review of provided medical records show the patient was prescribed Carisoprodol as early as 4/30/15 report, which is 5 months from UR date of 09/01/15. MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. In conjunction with prior usage, the current request for Carisoprodol #56 does not indicate intended short-term use and exceeds MTUS guideline recommendations. Therefore, the request is not medically necessary.

Lunesta 3mg #25 x 1 refill: 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, Insomnia.

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 under Insomnia Treatment.

Decision rationale: Based on the 9/18/15 progress report provided by the treating physician, this patient presents with lower backache rated 5/10 with medications and 10/10 without medications. The treater has asked for Lunesta 3MG #25 X 1 refill on 9/18/15. The request for authorization was not included in provided reports. The patient states that her quality of sleep is poor due to personal stressors per 9/18/15 report. The patient is able to walk for 10-20 minutes 4

times per day outside of her house when she walks her dogs for exercise per 7/23/15 report. The patient is s/p unspecified knee surgery from 1/14/15 per 9/18/15 report. The patient has increased low back pain due to the long drive to the clinic, and is not able to sit for several hours per 7/23/15 report. The patient's work status is not included in the provided documentation. ODG-TWC Mental Illness & Stress Chapter under Insomnia Treatment section states: "Recommend that treatment be based on the etiology, with the medications recommended below. See Insomnia. 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. 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. See the Pain Chapter for detailed recommendations and references. Pharmacologic Treatment: There are four main categories of pharmacologic treatment: (1) Benzodiazepines; (2) Non-benzodiazepines; (3) Melatonin receptor agonists; & (4) Sedating antihistamines (primarily over-the-counter medications). (2) Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. Eszopicolone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. The only benzodiazepine-receptor agonist FDA approved for use longer than 35 days." Lunesta has been included in patient's medications per progress reports dated 4/30/15, 5/18/15, 6/23/15, and 9/18/15. It is not known when this medication was initiated. ODG guidelines allow short-term use of this medication to address insomnia. The treater does state that this patient has difficulty sleeping, but does not document efficacy of Lunesta despite 5 months of usage. For long term (beyond 35 days) usage of Lunesta, ODG guideline state that there should be documentation of sleep onset, sleep maintenance, sleep quality and next day functioning. While the treater does document improvement of pain with medications which include Lunesta, there is no specific documentation of an improvement in the patient's insomnia in relation to the use of this medication as per ODG guidelines. In addition, the "FDA has lowered the recommended starting dose of Eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women," and the current request is for 3mg. Therefore, the request is not medically necessary.