

<b>Case Number:</b>	CM15-0058101		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	05/19/2003
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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: Arizona, 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:

This 63 year old female sustained an industrial injury to the neck, back and shoulder on 5/19/03. Previous treatment included magnetic resonance imaging, bilateral carpal tunnel release, physical therapy, trigger point injections, heat, ice, home exercise and medications. In a progress note dated 2/18/15, the injured worker complained of pain to the back, neck and left shoulder with spasms and left hand numbness. Physical exam was remarkable for right wrist with tenderness to palpation, weak hand grip and restricted range of motion, left wrist with tenderness to palpation, weak hand grip and positive Phalen's test, cervical spine with tenderness to palpation, painful range of motion and palpable trigger points and right arm weakness. Current diagnoses included cervical spine radiculitis and lumbar spine sprain/strain with degenerative joint disease. The injured worker received trigger point injections during the office visit. The treatment plan included a prescription for medications (Norco, Ibuprofen, Lunesta and Soma).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 3mg #30 wih 3 refills (per 02/18/15 order): 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): Pain, Insomnia Treatment; Mental Health, Eszopicolone (Lunesta).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- pain chapter -insomnia medications and pg 67.

**Decision rationale:** The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. 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. In this case, the claimant had trouble falling asleep and staying asleep. There were no behavioral interventions for sleep disturbance despite a prior visit with a psychiatrist. The claimant had been on Ambien previously for an unknown length of time. Long-term use of insomnia medications including Sonata with 3-month refills is not indicated and not medically necessary.

**Soma 350mg #60 with 3 refills (per 02/18/15 order):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 64-65.

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

**Decision rationale:** According to the MTUS guidelines, SOMA is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. As a combination with hydrocodone, an effect that some abusers claim is similar to heroin. In this case, it was combined with hydrocodone, which increases side effect risks and abuse potential. The use of SOMA is not medically necessary.