

<b>Case Number:</b>	CM14-0166361		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	04/20/1998
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 and 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 45 year old female with an injury date of 04/20/98. Based on the 07/28/14 progress report provided by [REDACTED], the patient complains of neck pain, low back pain radiating down both legs and left upper extremity pain rated 7/10. Physical examination revealed restricted and limited range of motion to the cervical and lumbar spines. Reflexes were normal. Medications bring pain down to 6/10, no side effects were reported by patient, and urinary drug screen results from 10/11/12 were all negative. Patient takes Soma for muscle spasm and reports she is unable to move neck due to severe spasms, unable to sleep, and unable to tolerate work. Nucynta is taken for pain, and patient reports that "back is on fire" and has difficulty sleeping and working. Patient reports quality of sleep is poor. Ambien caused excessive daytime drowsiness and forgetfulness, therefore Lunesta is taken for sleep disturbance secondary to chronic pain. Diagnosis 07/28/14- cervicgia- cervical pain- mood disorder- carpal tunnel syndrome- low back pain- lumbar facet syndrome. The utilization review determination being challenged is dated 09/26/14. The rationale follows: 1) Decision for 90 tablets of Soma 350mg: "not indicated for long term use." 2) Decision for 30 tablets of Lunesta 3mg: "not recommended for long term use." 3) Decision for 60 tablets of Nucynta 75mg: "industrial worker's pain is not acute." [REDACTED] is the requesting provider, and he provided treatment reports from 04/21/14 - 09/15/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 Tablets of Soma 350mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma)MTUS, page 63-66, Muscle relaxants (for pain) Page(s): 29, 63-64.

**Decision rationale:** Patient presents with neck pain, low back pain radiating down both legs and left upper extremity pain rated 7/10. The request is for 90 tablets of Soma 350mg. Her diagnosis dated 07/28/14 includes cervicalgia, carpal tunnel syndrome, low back pain and lumbar facet syndrome.MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, pages 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." Per progress report dated 07/28/14, patient takes Soma for muscle spasm and reports she is unable to move neck due to severe spasms, unable to sleep, and unable to tolerate work. However, Soma is to be used only for a short period per MTUS guideline. This request is not medically necessary.

**30 Tablets of Lunesta 3mg: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers' Compensation, Online Edition, Mental Illness & Stress Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines have the following regarding Lunesta under Insomnia, Pain chapter

**Decision rationale:** Patient presents with neck pain, low back pain radiating down both legs and left upper extremity pain rated 7/10. The request is for 30 tablets of Lunesta 3mg. Her diagnosis dated 07/28/14 includes cervicalgia, carpal tunnel syndrome, low back pain and lumbar facet syndrome.ACOEM, ODG guidelines state, "Eszopicolone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. (Morin, 2007) The only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. A randomized, double blind, controlled clinical trial with 830 primary insomnia patients reported significant improvement in the treatment group when compared to the control group for sleep latency, wake after sleep onset, and total sleep time over a 6-month period." Per progress report dated 07/28/14, patient reports quality of sleep is poor. Ambien caused excessive daytime drowsiness and forgetfulness, therefore Lunesta is taken for sleep disturbance secondary to chronic pain. Given the current accepted safety of the medication per guidelines, this request is medically necessary.

**60 Tablets of Nucynta 75mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers' Compensation, Online Edition, Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS, CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89, 76-78.

**Decision rationale:** Patient presents with neck pain, low back pain radiating down both legs and left upper extremity pain rated 7/10. The request is for 60 tablets of Nucynta 75mg. Her diagnosis dated 07/28/14 includes cervicgia, carpal tunnel syndrome, low back pain and lumbar facet syndrome. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per progress report dated 07/28/14, treating physician states that medications bring pain down to 6/10 from 7/10; no side effects were reported by patient and urinary drug screen 10/11/12 (which is outdated) were all negative. Nucynta is taken for pain, and patient reports that "back is on fire" and has difficulty sleeping and working. However, while the treating physician states that Nucynta is taken for pain, the four A's are not specifically addressed including discussions regarding aberrant drug behavior and specific ADL's, etc. Given the lack of documentation as required by MTUS, this request is not medically necessary.