

Case Number:	CM14-0214952		
Date Assigned:	01/07/2015	Date of Injury:	03/28/2012
Decision Date:	02/28/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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:

This is a male worker with a work related injury dated March 28, 2012. At the physician's visit dated November 6, 2014 the worker was complaining of back pain that had increased with spasms noted on the left side. The right side was also reported as causing pain. The worker also reported continually grinding his teeth at nighttime related to pain and poor sleep; he reported using a mouth guard at night. The physical exam was remarkable for pain that was severe enough to limit activities, Soma was reported to help with relaxation and the combination of Valium and Lunesta did help with sleeping. The worker had taken Ambien in the past with adverse symptoms of sleepwalking, the worker had also taken codeine and Tramadol but also had an adverse reaction. The current medication regime of Soma, Valium and Lunesta appear to give him some relief and a refill of these medications was requested. The worker was to be re-evaluated in six weeks. At this visit, the worker also was documented as having symptoms of depression relative to his pain and lack of activity, however he was documented as not having any acute suicidal ideation and the care of a psychologist was suggested. In the utilization review decision dated November 25, 2014 the request for Soma 350mg ninety count, Valium 10mg sixty ninety count, Lunesta 3mg sixty to ninety count, Gabapentin 100mg, 100 count with one refill and pain management follow up was non-certified. Soma and Valium were denied as not supported by MTUS guidelines for use. Further explanation stated that muscle relaxants used in combination with opiates could have an effect that is similar to heroin. Guidelines warn about withdrawal syndrome with abrupt discontinuation of large doses. Use has been chronic over 90 days per the records reviewed and continued use was not supported. Previous request had

recommendations of tapering and there has been adequate time to taper this medication. Gabapentin was denied as not medically necessary. MTUS guidelines recommend this medication for the treatment of diabetic painful neuropathy. The documentation reviewed did not contain any documentation of neuropathic pain. Lunesta was denied as not medically necessary; the worker had been taking this medication for an extended period of time and was continuing to experience sleep problems which indicated the medication was not effective. The ODG guidelines do not support the use of hypnotic medications for more than short-term with up to four weeks duration. The documentation showed that the worker had been on this medication longer than four weeks. The pain management follow up was also non-certified. The request was requested to consider invasive pain management procedures. The documentation reviewed for this request did mention a flare up of pain; however, there was no mention of any other conservative treatments of that flare-up such as physical therapy or participation in an independent home exercise program. In the absence of recent conservative treatment, MTUS guidelines would not support consideration for invasive pain management procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with back pain and spasm. The request is for Soma 350MG #90. Per Request for authorization form dated 11/03/14, patient's diagnosis includes sleep disorder and lumbar disc disease. Patient's current medications including Soma, Valium and Lunesta appear to give patient some relief. The combination of Valium and Lunesta help patient sleep, and Ambien caused patient to sleep walk (somnambulance). Per progress report dated 10/07/14, the patient "has seen improvement relative to one side of his back following the facet blocks and RF ablation procedures," and he has been trying to do stretching exercises. The patient remains disabled, however he is not permanent and stationary. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal, 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 11/06/14, patient presents with muscle spasm and Soma helps patient relax. MTUS recommends Soma only for a short period. Soma was prescribed in treater reports dated 07/10/14, which is 4 months from UR date of 11/25/14. Furthermore, the request for a quantity 90 does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.

Valium 10mg #60-90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The request is for Valium 10MG #60-90. Per Request for authorization form dated 11/03/14, patient's diagnosis includes sleep disorder and lumbar disc disease. Treater states that patient's current medications including Soma, Valium and Lunesta "appear to give patient some relief," per progress report dated 11/06/14. Per progress report dated 10/07/14, the patient "has seen improvement relative to one side of his back following the facet blocks and RF ablation procedures," and he has been trying to do stretching exercises. The patient remains disabled, however he is not permanent and stationary. MTUS Guidelines, page 24, Chronic Pain Medical Treatment Guidelines: Benzodiazepines Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Per treater report dated 11/06/14, the combination of Valium and Lunesta help patient sleep, and Ambien caused patient to sleep walk (somnambulance). Per treater report dated 07/10/14, "patient intermittently takes Valium" in the evening. Progress report dated 07/10/14 is 4 months from UR date of 11/25/14. MTUS does not recommend long term use of this medication. Furthermore, the request for a quantity 90 does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.

Lunesta 3mg #60-90: 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 Mental & Stress Chapter, Eszopicolone (Lunesta)

Decision rationale: The patient presents with back pain and spasm. The request is for Lunesta 3MG #60-90. Per Request for authorization form dated 11/03/14, patient's diagnosis includes sleep disorder and lumbar disc disease. Treater states that patient's current medications including Soma, Valium and Lunesta "appear to give patient some relief," per progress report dated 11/06/14. Per progress report dated 10/07/14, the patient "has seen improvement relative to one side of his back following the facet blocks and RF ablation procedures," and he has been trying to do stretching exercises. The patient remains disabled, however he is not permanent and stationary. ODG-TWC, Mental & Stress Chapter states: "Eszopicolone (Lunesta): Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase... The FDA has lowered the recommended starting dose of eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women." Per treater report dated 11/06/14, the "combination of Valium and Lunesta help patient sleep, and Ambien caused patient to sleep walk (somnambulance)." Lunesta was prescribed in treater report dated 07/10/14, which is 4 months from UR date of 11/25/14. Furthermore, the

request for a quantity 90 does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.

Gabapentin 100mg #100 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone?, generic available) Medications for chronic use Page(s): 18.

Decision rationale: The patient presents with back pain and spasm. The request is for Gabapentin 100MG #100, refill x1. Per Request for authorization form dated 11/03/14, patient's diagnosis includes sleep disorder and lumbar disc disease. Patient's current medications including Soma, Valium and Lunesta appear to give patient some relief. Per progress report dated 10/07/14, the patient "has seen improvement relative to one side of his back following the facet blocks and RF ablation procedures," and he has been trying to do stretching exercises. The patient remains disabled, however he is not permanent and stationary. MTUS has the following regarding Gabapentin on page 18,19: "Gabapentin (Neurontin, Gabarone?, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Patient's diagnosis on 06/25/14 included lumbosacral spondylosis, degeneration of lumbar intervertebral disc and musculoneuralgia. Per treater report dated 11/06/14, patient inquired regarding Gabapentin, as he previously "took Lyrica and Cymbalta," both of which caused adverse reactions. A trial of Gabapentin may be beneficial for the patient. Therefore, the request is medically necessary.

Pain management follow up: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 2nd Edition page 127: Consultation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004) chapter:7 Consultations and Examinations

Decision rationale: The patient presents with back pain and spasm. The request is for Pain Management Follow-Up. Per Request for authorization form dated 11/03/14, patient's diagnosis includes sleep disorder and lumbar disc disease. Patient's current medications including Soma, Valium and Lunesta appear to give patient some relief. Per treater report dated 11/06/14, patient inquired regarding Gabapentin, as he previously "took Lyrica and Cymbalta," both of which caused adverse reactions. Soma helps patient relax. The combination of Valium and Lunesta help patient sleep, and Ambien caused patient to sleep walk (somnambulance). Soma and Lunesta were prescribed in treater reports dated 07/10/14 and 11/06/14. Per treater report dated 07/10/14,

"patient intermittently takes Valium" in the evening. Per progress report dated 10/07/14, the patient "has seen improvement relative to one side of his back following the facet blocks and RF ablation procedures," and he has been trying to do stretching exercises. The patient remains disabled, however he is not permanent and stationary. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Per progress report dated 11/06/14, treater requests that patient "returns to his pain management doctor to consider ablation, facet blocks, or other provocative procedures including that of trigger point injections." The requesting physician is certified in neurology, psychiatry and neurophysiology. It would appear that the current treater feels uncomfortable with the medical issues and has requested follow up with pain management physician. The patient may benefit from follow up visit. Therefore, the request is medically necessary.