

<b>Case Number:</b>	CM15-0013668		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	12/06/2007
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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: North Carolina, Georgia  
 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:

The injured worker is a 54 year old male, who sustained an industrial injury on December 6, 2007. He has reported back injury. The diagnoses have included lumbago, lumbar disc degeneration disease, lumbar facet arthropathy, post laminectomy syndrome, and thoracic pain. Treatment to date has included medications, and lumbar spine surgery. Currently, the IW complains of continued back pain. The records indicate the active drug component had been removed from a pump and water was added. He reported no withdrawal symptoms. Physical findings are noted as normal range of motion to the neck, and decreased range of motion and crepitus to the knees. He is noted to be walking slowly, and reports inability to sit. On December 23, 2014 Utilization Review non-certified Lunesta 3 mg, one tablet at bedtime as needed, quantity #30 with three refills, and modified certification of Percocet 10/325 mg, one tablet every four hours as needed, quantity #90 with no refills, and Soma 350 mg, take one tablet three times a day, quantity #45 with no refills for weaning purposes and/or submission of supportive documentation, based on ODG, and MTUS guidelines. On January 23, 2015, the injured worker submitted an application for IMR for review of Lunesta 3 mg, one tablet at bedtime as needed, quantity #30 with three refills, and Percocet 10-325 mg, quantity #180, and Soma 350 mg, take one tablet three times a day, quantity #90, take one tablet three times a day, quantity #90 with three refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 3mg, 1 tablet at bedtime as needed #30, refills 3:** 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), Treatment Index, 11th Edition (web)2014, Pain Chapter, Eszopicolone (Lunesta), Insomnia

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain

**Decision rationale:** The CA MTUS is silent on the use of Lunesta. ODG addresses insomnia treatments in the section on pain. ODG states that treatment should be based on the etiology of the insomnia. Pharmacologic agents should be used only after a careful investigation for cause of sleep disturbance. Primary insomnia should be treated with pharmacologic agents while secondary insomnia may be treated with pharmacologic and/or psychological measures. It is important to address all four components of sleep, sleep onset, sleep maintenance, sleep quality and next day function. Lunesta is recognized as the only benzodiazepine based sleep aid, which is FDA, approved for use greater than 35 days. In this case, the medical records do not detail any history of the insomnia or response to treatment with Lunesta. Therefore, there is no documentation of the medical necessity of treatment with Lunesta and the UR denial is upheld.

**Percocet 10/325mg 1 tablet every 4 hours as needed #180 no refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

**Decision rationale:** CA MTUS allows for the use of opioid medication, such as Percocet, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with Percocet.

**Soma 350mg, take 1 tablet 3 times a day #90, refills 3:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Carisoprodol (Soma)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2  
Page(s): 63-66.

**Decision rationale:** The CA MTUS allows for the use, with caution, of non sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation and the request is for ongoing regular daily use of Soma. This is not medically necessary and the original UR decision is upheld.