

<b>Case Number:</b>	CM15-0014690		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	08/25/2004
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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: New Jersey, Michigan, California

Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 33 year old female sustained an industrial injury on 8/25/04, with subsequent ongoing low back pain. Treatment included medications, epidural steroid injections, physical therapy and spinal cord stimulator. In a PR-2 dated 12/12/14, the injured worker complained of lumbar spine pain 6-7/10 on the visual analog scale with occasional numbness and tingling down the left lower extremity as well as ongoing neck pain and headaches. The injured worker reported that the medications increased her ability to function and perform activities of daily living. Physical exam was remarkable for tenderness to palpation to the cervical spine and lumbar spine, left lower extremity with 4/5 strength and diminished sensation. The injured worker was unable to perform heel walk on the left lower extremity. Current diagnoses included lumbago, post laminectomy syndrome, thoracic/lumbar radicular syndrome, sacroiliitis and occipital neuralgia. The treatment plan included continuing medications (Lunesta, Robaxin and Vicodin) and requesting authorization for an epidural steroid injection. The physician noted that the epidural steroid injection from 7/11/14 was starting to wear off. The injured worker reported over 60% relief from the July injection. On 12/24/14, Utilization Review non-certified a request for Transforaminal Epidural Steroid Injection Bilaterally at L5-S1 and S1-2 and Robaxin 500mg #30 and modified a request for 1 Prescription of Lunesta 2mg #30 to 1 Prescription of Lunesta 2mg #22 citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for 1 Repeat Transforaminal Epidural Steroid Injection Bilaterally at L5-S1 and S1-2: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no recent clinical and objective documentation of radiculopathy. There is no clear and recent documentation of failure of oral pain medications. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy. There is no clinical documentation that the patient is suffering from lumbar radiculopathy at L5-S1 and S1-2, the requested levels of injection. There is no rationale for requesting repeated epidural injection without assessing the efficacy of previous injections. Therefore, the request for prospective request for 1 repeat Transforaminal Epidural Steroid Injection Bilaterally at L5-S1 and S1-2 is not medically necessary.

**Prospective request for 1 Prescription of Lunesta 2mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>

**Decision rationale:** According to ODG guidelines, Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency. Lunesta is not recommended for long-term use to treat sleep problems. Furthermore, there is no documentation of the use of non pharmacologic treatment for the patient's sleep issue. There is no documentation and characterization of any recent sleep issues with the patient. Therefore, the prescription of Prospective request for 1 prescription of Lunesta 2mg #30 is not medically necessary.

**Prospective request for 1 Prospective request of Robaxin 500mg #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** According to MTUS guidelines, Robaxin, a non sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear recent evidence of spasm or that he was experiencing an acute exacerbation of pain. There is no clear documentation of the efficacy of previous use of Robaxin (the patient had been prescribed Robaxin on an ongoing basis for long time). The prospective request for 1 Prospective request of Robaxin 500mg #30 is not medically necessary.