

<b>Case Number:</b>	CM15-0015721		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	10/07/1993
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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:

The injured worker is a 60 year old male, who sustained a work/ industrial injury on 10/7/93. He has reported symptoms of sacral pain and left leg weakness and bilateral foot numbness. Prior medical history was negative. Surgery included a laminectomy. The diagnoses have included cervical disc degeneration, cervicgia, chronic pain syndrome, postlaminectomy syndrome of lumbar and thoracic region, shoulder pain, cervical radiculopathy, lumbago, and thoracic and lumbosacral neuritis or radiculitis. Treatment to date has included medication, home exercises, physical therapy, biofeedback, stretching exercises, and Transcutaneous Electrical Nerve Stimulation (TENS) unit. The physician's note of 1/7/15 reports no change in the location of pain that varies in intensity based on activity level and no report of flare up, no physical therapy since last seen, and is performing his home exercise program. Medications were reported to reduce pain, improving function with minimal side effects. Physical exam noted unsteady gait, restricted range of motion with flexion limited to 20 degrees, extension limited to 10 degrees, right lateral bending limited to 15 degrees, left lateral bending to 15 degrees, internal rotation to the left limited to 30 degrees and lateral rotation to the right limited to 30 degrees. Spurling's maneuver produced no pain in the neck musculature or radicular symptoms in the arm. All upper limb reflexes were equal, motor exam was grossly normal for the bilateral upper extremities. The lumbar spine paravertebral muscles, there was spasm and tenderness on both sides. L4, L5, S1 lumbar facet tenderness to palpation, straight leg raising was positive on both sides. On 1/22/15, Utilization Review non-certified Soma 350 mg #90 with 3 refills and modified Lunesta 3 mg #30 with three refills to Lunesta 1 mg #30 for one month, noting the Medical treatment

Utilization Schedule (MTUS) Guidelines for Soma and Official Disability Guidelines (ODG)for Lunesta.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Soma 30mg, #90 with 3 refills:** Upheld

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

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

**Decision rationale:** According to MTUS guidelines, 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 lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to the provided file, the patient was prescribed Soma a long time without clear evidence of spasm or excacerbation of neck and lumbar pain. There is no justification for prolonged use of Soma. The request for Soma 350mg #90 with 3 refills is not medically necessary.

**Lunesta 3mg, #30 with 3 refills:** Upheld

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

**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 Lunesta 3mg, #30 with 3 refills is not medically necessary.