MAXIMUS Federal Services

Case Number:	CM15-0112342		
Date Assigned:	06/18/2015	Date of Injury:	01/08/1997
Decision Date:	07/31/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/10/2015

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 York
Certification(s)/Specialty: Anesthesiology

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 (IW) is a 56-year-old female who sustained an industrial injury on 01/08/1997. Diagnoses include chronic low back pain, degeneration of lumbar disc, degeneration of cervical intervertebral disc and patient visit for long term (current) drug use--other. Treatment to date has included medications, discectomy, lumbar fusion, physical therapy and cervical disc replacement. X-rays of the lumbar spine on 5/8/15 showed subtle anterolisthesis of L3 on L4 without evidence of motion instability; evidence of prior L4-L5 spinal fusion and multilevel degenerative arthrosis and degenerative disc disease. X-rays of the cervical spine on the same date showed multilevel degenerative arthrosis and degenerative disc disease and stable appearance of a prosthetic disc at C5-C6. CT myelography of the lumbosacral spine on 5/12/15 found segmental extradural effect demonstrated at L4-L5 adjacent to the prior fusion without identification of a distinct intramedullary lesion or abnormality and severe degenerative disc disease involving L3-L4 and L5-S1. According to the progress notes dated 5/21/15, the IW reported neck pain with bilateral arm pain, right greater than left, rated 6-8/10. The lumbar fusion was minimally helpful and her back pain had become unbearable, rated 8/10. She reported standing or walking for more than a few minutes caused aching in her legs. On examination, there was diffuse weakness in the right lower extremity. The sensory and reflex exam was unremarkable. Medications included Methadone, Lunesta, Prozac, Soma, Pennsaid, Lidoderm, and Celebrex. A request was made for Methadone HCl 5 mg, #210, Carisoprodol 350mg, #90, Eszopiclone 3 mg, #30 and Lunesta 3mg, #30 to help the IW maintain her ability to perform activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone HCI 5mg #210: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone, Opioids Page(s): 61-62, 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Methadone, Opioids.

Decision rationale: Methadone is recommended as a second-line drug for moderate to severe pain, only if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. This appears, in part, secondary to the long half-life of the drug (8-59 hours). Pain relief on the other hand, only lasts from 4-8 hours. Genetic differences appear to influence how an individual will respond to this medication. Delayed adverse effects may occur due to methadone accumulation during chronic administration. Systemic toxicity is more likely to occur in patients previously exposed to high doses of opioids. Multiple potential drug-drug interactions can occur with the use of Methadone. This drug should be reserved for use by experienced practitioners, including pain medicine or addiction specialists. Methadone is considered useful for treatment when there is evidence of tolerance to other opiate agonists or when there is evidence of intractable side effects due to opiates. In this case, there is no documentation of CA MTUS opioid compliance guidelines including a risk assessment profile, updated urine drug testing, or an updated and signed pain contract between the provider and the patient. In addition, there is no documentation of objective functional benefit with prior medication use. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

Carisoprodol 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Corisoprodol (Soma) 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 CA MTUS does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. Soma (Carisoprodol) is the muscle relaxant requested in this case. This medication is sedating. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. According to the MTUS guidelines, Soma is categorically

not recommended for chronic pain, noting its habituating and abuse potential. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Eszopiclone 3mg #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 (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia treatment.

Decision rationale: Eszopicolone (Lunesta) is a prescription short-acting non-benzodiazepine sedative-hypnotic, which is recommended for short-term treatment of insomnia (two to six weeks). Lunesta is indicated for the treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. According to the ODG guidelines, non-benzodiazepine sedative-hypnotics are considered first-line medications for insomnia. It appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. Lunesta has demonstrated reduced sleep latency and sleep maintenance. It is recommended for short-term use. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. Lunesta is a hypnotic and should not be used on a daily basis. In this case, there is no documentation of sleep history or specific documentation of efficacy with prior use including, improved quality of sleep, longer sleep duration and objective functional benefit (Epworth Sleepiness Scale scores). Therefore, medical necessity for the requested medication has not been established. The requested Eszopicolone is not appropriate or medically necessary.

Lunesta 3mg #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 (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia Treatment.

Decision rationale: Eszopicolone (Lunesta) is a prescription short-acting non-benzodiazepine sedative-hypnotic, which is recommended for short-term treatment of insomnia (two to six weeks). Lunesta is indicated for the treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. According to the ODG guidelines, non-benzodiazepine sedative-hypnotics are considered first-line medications for insomnia. It appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. Lunesta has demonstrated reduced sleep latency and sleep maintenance. It is recommended for short-term use. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-

term use. Lunesta is a hypnotic and should not be used on a daily basis. In this case, there is no documentation of sleep history or specific documentation of efficacy with prior use including, improved quality of sleep, longer sleep duration and objective functional benefit (Epworth Sleepiness Scale scores). Therefore, medical necessity for the requested medication has not been established. The requested Eszopicolone is not appropriate or medically necessary.