

<b>Case Number:</b>	CM15-0062777		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	03/07/2008
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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: Texas, California

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 37-year-old male, who sustained an industrial injury on 3/7/08. He reported pain in the right shoulder related to lifting a heavy object. The injured worker was diagnosed as having shoulder strain, tendinitis and myofascial pain syndrome. Treatment to date has included a right shoulder MRI, subacromial injection and pain medications. On 1/22/15, the injured worker rated his pain 8/10 without medications and 4/10 with medications. As of the PR2 dated 2/24/15, the injured worker reports continued pain in the right shoulder. The treating physician noted tenderness along the shoulder and periscapular regions and range of motion is 160 degrees. The patient has had normal neurological examination. The treating physician requested to continue Soma 350mg #30 x 3 refills, Lunesta 3mg #13 x 3 refills and Norco 10/325mg #90. The medication list includes Soma, Lunesta, Celebrex and Norco. The patient's surgical history include rotator cuff repair. Patient has received an unspecified number of PT visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350 mg, thirty count with three refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), page 29 and Muscle relaxants, page 63 Carisoprodol (Soma).

**Decision rationale:** Request: Soma 350 mg, thirty count with three refills. According to California MTUS, Chronic pain medical treatment guidelines, Carisoprodol (Soma) is a muscle relaxant and it is not recommended for chronic pain. Per the guidelines, "Carisoprodol is not indicated for long-term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety." California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, "muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications." Any evidence of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries was not specified in the records provided. California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Soma is recommended for short-term use only, in acute exacerbations in chronic pain. Patient had a chronic injury and any evidence of acute exacerbations in pain and muscle spasm was not specified in the records provided. The date of injury for this patient is 03/07/2008. As the patient does not have any acute pain at this time, the use of muscle relaxants is not supported by the CA MTUS chronic pain guidelines. Furthermore, as per guideline skeletal muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. Therefore, Soma 350 mg, thirty count with three refills is not medically necessary for this patient.

**Lunesta 3 mg, fifteen count with three 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 (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 04/30/15) Mental Chapter. Mental Illness & Stress (updated 03/25/15) Eszopiclone (Lunesta).

**Decision rationale:** Lunesta 3 mg, fifteen count with three refills. LUNESTA (eszopiclone) is a non-benzodiazepine hypnotic agent is a sedative and is used to treat insomnia that is a pyrrolopyrazine derivative of the cyclopyrrolone class. The California MTUS/ACOEM Guidelines do not address this medication; therefore, ODG was utilized. According to the cited guideline, "Not recommended for long-term use, but recommended for short-term use." A detailed history of anxiety or insomnia was not specified in the records provided. Any trial of other measures for treatment of insomnia is not specified in the records provided. Per the

records provided, the date of injury is approximately 7 years ago. A detailed evaluation by a psychiatrist for stress related conditions is not specified in the records provided. As per cited guideline: "They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Previously recommended doses can cause impairment to driving skills, memory, and coordination as long as 11 hours after the drug is taken." Per the cited guideline, use of this medication can be habit-forming, and it may impair function and memory more than opioid pain relievers may. The request for Lunesta 3 mg, fifteen count with three refills is not medically necessary in this patient.

**Norco 10/325 mg, ninety count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: page 76-80 criteria for use of opioids, Therapeutic Trial of Opioids.

**Decision rationale:** Norco 10/325 mg, ninety count. Norco 10/325 mg, ninety count is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regard to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. Whether improvement in pain translated into objective functional improvement, including ability to work, is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. Norco 10/325 mg, ninety count is not medically necessary for this patient.