

<b>Case Number:</b>	CM15-0099427		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	03/12/1996
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	05/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 53 year old female, who sustained an industrial injury on March 12, 1996, incurring neck and back injuries. She was diagnosed with lumbago, radiculitis, sciatica and cervicalgia. Treatment included anti-inflammatory drugs, muscle relaxants, sleep aides and work modification with restrictions. Currently, the injured worker complained of persistent neck, shoulder, hip and back pain. She also complained of leg pain and severe headaches. The injured worker was noted upon examination to have decreased range of motion, lumbar spine and cervical spine tenderness. The treatment plan that was requested for authorization included prescriptions for Lunesta and Soma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of 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) Pain section, Lunesta.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Eszopicolone (Lunesta) 3 mg #30 with no refills is not medically necessary. Lunesta is not recommended for long-term use, but recommended for short-term use. The guidelines recommend limiting hypnotics to three weeks maximum in the first two months of injury only. Pain specialists rarely, if ever, recommend them for long-term use. They can be habit forming and may impair function and memory more than opiate pain relievers. See the guidelines for additional details. In this case, the injured worker's working diagnoses are lumbago, low back pain; cervical pain/cervicalgia; myofascial pain syndrome/fibromyalgia; and encounter long-term prescription use NEC. Lunesta was prescribed as far back as November 17, 2014. Additional medications include Soma, Xanax and Celebrex. A urine drug screen dated March 10, 2015 was inconsistent for Soma. The progress note dated March 10, 2015 stated the injured worker refused to wean off Xanax. The treating provider did not have a chance to discuss the inconsistent Soma urine drug toxicology screen result. The most recent progress note dated April 16, 2015 (request for authorization for 27 2015) shows the injured worker has ongoing neck and low back pain and shoulder pain with a VAS pain scale 8/10. There is no documentation indicating objective functional improvement with ongoing Lunesta. Additionally, Lunesta is not recommended for long-term use. Hypnotics are limited to three weeks maximum in the first two months of injury only. Lunesta has been prescribed in excess of five months in excess of the recommended guidelines. Consequently, absent compelling clinical documentation with objective functional improvement to support ongoing Lunesta in excess of the recommended guidelines (not recommended for long-term use) and an inconsistent urine drug toxicology screen (Soma) and patient's refusal to wean Xanax, Eszopicolone (Lunesta) 3 mg #30 with no refills is not medically necessary.

**One prescription of Soma 350mg # 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxers Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxers.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Soma 350mg #90 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are lumbago, low back pain; cervical pain/cervicalgia; myofascial pain syndrome/fibromyalgia; and encounter long-term prescription use NEC. Soma was prescribed as far back as November 17, 2014. Additional medications include Lunesta, Xanax and Celebrex. A urine drug screen dated March 10, 2015 was inconsistent for Soma. The progress note dated March 10, 2015 stated the injured worker refused to wean off Xanax. The

treating provider did not have a chance to discuss the inconsistent Soma urine drug toxicology screen result. The most recent progress note dated April 16, 2015 (request for authorization April 27, 2015) shows the injured worker has ongoing neck and low back pain and shoulder pain with a VAS pain scale 8/10. There is no documentation of an acute exacerbation of chronic low back pain. Objectively, there is no muscle spasm on physical examination. There is no documentation indicating objective functional improvement with ongoing Soma. Soma is indicated for short-term (less than two weeks). The treating provider prescribed Soma in excess of five months. There is no compelling clinical documentation in the medical record to support the ongoing use of Soma 350 mg. Consequently, absent clinical documentation with objective functional improvement to support ongoing Soma in excess of the recommended guidelines for short-term use (less than two weeks), clinical documentation of an exacerbation of chronic low back pain with objective evidence of muscle spasm and an inconsistent urine drug toxicology screen for Soma, Soma 350mg #90 is not medically necessary.