MAXIMUS Federal Services

Case Number:	CM13-0069465		
Date Assigned:	01/03/2014	Date of Injury:	04/20/1998
Decision Date:	11/10/2015	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/23/2013

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 patient is a 44 year old female who was injured on 04/20/1998 while sitting on a picnic table which collapsed. Prior treatment history has included chiropractic care and lumbar radiofrequency. The provider started on 01/24/2013 Soma, Nucynta, Lunesta and Lyrica. Progress note dated 07/25/2013 noted her medications were continued. Progress note dated 09/12/2013 stated her medications were working and no side effects were reported. She had difficulty tolerating work due to increased pain. He increased the Nucynta from 60-90 tablets. Progress report dated 10/07/2013 documented the patient was taking her medications and they were working well with no side effects. Her medications included Lunesta 3 mg at night as needed; Soma 350 mg twice daily as needed; Lyrica 150 mg at night for neuropathic symptoms; Nucynta 75 mg ½ tablet to 1 tablet three times a day as needed; lisinopril from another physician. PR-2 dated 11/14/2013 documented the patient's pain level unchanged since last visit. She rates her pain as 7 on a scale of 1 to 10. Quality of sleep is poor. Her activity level has decreased and is temporarily off work due to increased pain. Patient is taking her medications as prescribed. Objective findings included in exam reveal reflexes in upper and lower extremities responded normally to reflex examination. Review of Meds: Patient notes with the combination of her medications, she is able to derive symptoms relief and functional gains. Nucynta for breakthrough pain: she states her pain is reduced from 8/10 to 5/10. Soma for muscle spasms: she notes her muscle spasms are reduced by 20%.Objective findings on exam included examination of the cervical spine showing range of motion is restricted. On examination of paravertebral muscles, tenderness is noted on both sides. Spurling's maneuver causes pain in the

muscles of the neck but no radicular symptoms. Lumbar spine range of motion is restricted. On palpation paravertebral muscles, tenderness is noted on both sides. No muscle spasms noted. Motor examination of the patient reveals normal tone, power and nutrition of the muscles. Sensory examination is normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets Carisoprodol 350mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma). Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation, Online edition, Chapter: Pain, Insomnia treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Per CA MTUS, Carisoprodol is not recommended for longer than a 2 to 3 week period. It is commonly prescribed as a muscle relaxant. The medical documentation does not reveal muscle spasms on examination, nor does it show any improvement with the medication since inception of use. It should not be discontinued abruptly however, weaning should occur under monitoring of the treating physician. Withdrawal effects have been reported after abrupt discontinuation. The request is not medically necessary.

30 capsules Lyrica 150mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Pregabalin (Lyrica).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Per CA MTUS, Lyrica is effective in treatment of diabetic neuropathy and postherpetic neuralgia. The patient continues to have the same subjective and objective findings since the start of this medication. The efficacy is not established and therefore medical necessity is not met. It should not be discontinued abruptly, however, weaning should occur over a one-week period. Withdrawal effects have been reported after abrupt discontinuation. The request is not medically necessary.

30 tablets Lunesta 3mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Online edition, Chapter: Pain, Insomnia treatment.

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

Decision rationale: Per ODG, insomnia treatment should reduce time to sleep onset, improve sleep maintenance, avoid residual side effects and increase next day function. The first reported prescription of Lunesta is dated 01/24/2013. Since that time, the follow up visits have all reported no improvement in sleep quality. The efficacy of this medication has not been established for this patient and is not medically necessary at this point.