

Case Number:	CM13-0003193		
Date Assigned:	11/08/2013	Date of Injury:	08/21/2011
Decision Date:	07/30/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	07/25/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 48 year old male injured on 08/21/11 due to lifting an injured worker back into bed from waist level resulting in low back and left leg pain. Current diagnoses included lumbar disc disorder, lumbar radiculopathy, lumbar spine stenosis, and low back pain. Clinical documentation dated 07/05/13 indicated the injured worker presented complaining of low back ache and activity level that remained unchanged since previous visit. MRI on 09/07/11 revealed disc bulging and spinal stenosis at L4-5. Prior treatments included transforaminal lumbar epidural steroid injection bilaterally at L5-S1 on 12/21/11 with no improvement in pain. The injured worker was also certified for six chiropractic treatment sessions. Physical examination of the lumbar spine revealed decreased range of motion, paravertebral muscle tenderness to palpation, spasm, and tight muscle band bilaterally, spinous process tenderness on L3, L4, and L5, lumbar facet loading positive bilaterally, and straight leg raise negative. Prior urine drug screen on 04/06/12 was inconsistent for prescribed medications. Current medication list included Celebrex 200mg once daily, docusate 250mg twice daily, Miralax 17g once daily, MS Contin 15mg three times daily, Senna 8.6mg once every evening, Cymbalta 60mg once daily, Lunesta 3mg once every evening, Zofran 4mg once daily, Pristiq ER 50mg once daily, and Flexeril 10mg once daily. The initial request for Lunesta 3mg tablet #30, Flexeril 10mg tablet SIG and Senna 8.6mg tablet take one at bedtime were non-certified on 07/18/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg tablet #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Med Lett Drugs Ther, 2005 Feb 28.

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

Decision rationale: As noted in the Official Disability Guidelines, Lunesta is not recommended for long-term use, but recommended for short-term use. Current studies recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. The injured worker has exceeded the recommended treatment window. As such, the request for Lunesta 3mg Tablet #30 cannot be recommended as medically necessary.

Flexeril 10mg tablet SIG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of Flexeril 10mg Tablet SIG cannot be established at this time.

Senna 8.6 mg tablet - take one (1) one at bedtime: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid use for Chronic pain.

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

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, prophylactic constipation measures should be initiated when long-term opioid medications are to be utilized; however, there is no indication in the documentation that attempts were made and failed at first-line treatment options to include proper diet, activity modification and increased fluid intake. Additionally, there is indication that the injured worker cannot utilize the readily

available over-the-counter formulation of the medication. Additionally, current guidelines do not recommend the use of medical foods or herbal medicines. As such, the request for Senna 8.6 mg tablet - take one (1) one at bedtime cannot be recommended as medically necessary.