

Case Number:	CM13-0020175		
Date Assigned:	10/11/2013	Date of Injury:	03/17/2012
Decision Date:	01/17/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	09/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Cardiology 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 physician 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 patient is a 56-year-old female with a reported date of injury on 03/17/2012. The patient presented with right ankle swelling, decreased right ankle range of motion, painful right ankle motion, 3+ tenderness to palpation of the dorsal ankle and lateral ankle, and inversion test was positive. The patient had diagnoses including left ankle internal derangement, left ankle sprain/strain, right ankle internal derangement, and right ankle sprain/strain, as well as hypertension. The physician's treatment plan included request for Restone 3/100 mg, Flexeril 7.5 mg, and omeprazole 20 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restone 3/100mg: Upheld

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

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

Decision rationale: The California MTUS guidelines and ACOEM do not specifically address melatonin. The ODG notes melatonin is recommended. The ODG notes primary insomnia is

generally addressed pharmacologically and secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. It is recommended that treatments for insomnia should reduce time to sleep onset, improve sleep maintenance, avoid residual effects and increase next-day functioning. Restone is comprised of melatonin and l-tryptophan. Within the provided documentation, the requesting physician did not include adequate documentation of the patient's insomnia. Additionally, the requesting physician did not include adequate documentation of significant improvement in the patient's sleep onset, sleep maintenance, sleep quality, and next day functioning with the use of the medication. The request for Restone is not medically necessary and appropriate.

Flexeril 7.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The California MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain 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. Flexeril is specifically recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Within the provided documentation, it appeared the patient had been utilizing the medication since at least 07/2013. The guidelines recommend the use of Flexeril for short-term symptomatic use. The request for ongoing use of Flexeril would exceed the guideline recommendation for short-term use. Additionally, within the provided documentation the requesting physician did not include adequate documentation of significant objective functional improvement with the use of the medication. The request for Flexeril is not medically necessary and appropriate.

Omeprazole 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms Page(s): 68-69.

Decision rationale: The California MTUS guidelines recommend the use of a proton pump inhibitor (such as omeprazole) for patients at intermediate risk for gastrointestinal (GI) events with no cardiovascular disease and patient at high risk for gastrointestinal events with no

cardiovascular disease. The guidelines note to determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Within the provided documentation, it was unclear the patient had risk factors for gastrointestinal events including a history of peptic ulcer, GI bleeding, or perforation. The patient was not over 65 years of age. The requesting physician's rationale for the request was unclear within the provided documentation. The request for omeprazole is not medically necessary and appropriate.