

<b>Case Number:</b>	CM13-0027733		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	10/13/2010
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 38-year-old female who was reportedly injured on 10/13/2010. The mechanism of injury was noted as a fall. The most recent progress note dated 7/16/2013, indicates that there were ongoing complaints of back pain radiating down both legs. The physical examination demonstrated lumbar spine limited range of motion and positive tenderness to palpation of the paravertebral muscles. Tight muscle band was noted on both sides. The patient was unable to walk on heels or walk on toes. There was also tenderness over the sacroiliac spine. Neurologic was unremarkable. Motor and sensory exam were within normal limits. No recent diagnostic studies were available for review. Previous treatment included Flexeril, Lidoderm patch, Lunesta and Tramadol. A request had been made for Flexeril 5 mg #60 and Lunesta 2 mg #30 and was not certified in the pre-authorization process on 9/6/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 5mg #60:** 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): 41,64.

**Decision rationale:** The California Medical Treatment Utilization Schedule supports the use of skeletal muscle relaxants for the short-term treatment of pain but advises against long-term use. It was noted on physical examination, the patient did have findings consistent with muscle tenderness to palpation and tight muscle bands. Given the injured workers' date of injury (2010) and clinical presentation, the guidelines do not support this request for chronic pain. As such, the request is not medically necessary.

**Lunesta 2 mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain. Insomnia Treatment, Eszopicolone (Lunesta).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Integrated Treatment/Disability Duration Guidelines; Mental Illness and Stress, Eszopicolone.

**Decision rationale:** Lunesta is not recommended for long-term use but recommended for short-term use and it is recommended limiting use of hypnotics to three weeks maximum in the first two months of injury only and discourage use in the chronic phase. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. 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. After review of the medical documentation provided, it was noted in the HPI, the injured worker did state sleep has been poor due to pain. No other complaints or findings on physical exam were noted. This medication is used for short-term use of sleep issues. The continued use of this medication does not coincide with the guidance of the guidelines. Therefore, this request is deemed not medically necessary.