

Case Number:	CM14-0102789		
Date Assigned:	07/30/2014	Date of Injury:	03/26/2006
Decision Date:	09/24/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/03/2014

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 Occupational Medicine and is licensed to practice in California. 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 patient is a 53-year-old male who has submitted a claim for lumbosacral disc degeneration associated with an industrial injury date of March 26, 2006. Medical records from 2013 to 2014 were reviewed. The patient complained of back pain rated 8-9/10. Pain level does not go down below 5/10. Current medications include Norco, Flexeril and Lunesta. Flexeril has helped with spasms and leg pain. Physical examination available for review is from September 25, 2013 which showed an antalgic gait, positive straight leg raise on the left, and decreased heel raise on the left. CT scan of the lumbar spine obtained on May 8, 2014 revealed no acute fracture or spondylolistheses; Schmorl's node along the anterior-superior endplate of L3; minimal multilevel degenerative disc disease; and mild stenosis of the left neural foramina at L3-L4 and L5-S1. MRI of the lumbar spine on December 19, 2013 showed disc herniation and left lateral recess stenosis at L5-S1; mild foraminal stenosis at L5-S1; bilateral recess stenosis at L4-L5 without significant central stenosis; and mild left foraminal stenosis at L3-L4 without central stenosis. EMG and NCS performed on January 31, 2014 demonstrated mild chronic left S1 radiculopathy, and mild right Peroneal neuropathy at the fibular head affecting primarily the deep Peroneal nerve. The diagnoses were lumbosacral neuritis and plantar fasciitis. Treatment to date has included oral analgesics, physical therapy, injections, and lumbar spine surgery. Utilization review from June 19, 2014 denied the request for 1 month supply of Flexeril 10mg and 1 month supply of Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine, pages 41-42. The Expert Reviewer's decision rationale: According to page 41- 42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, "sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain." In this case, Flexeril intake was noted as far back as September 2013. However, the medical records do not clearly reflect continued functional benefit from its use. Moreover, most recent physical examination was not provided. Muscle spasm and acute exacerbation of pain were not evident in the records submitted. Long-term use of this medication is not supported by the guideline. The medical necessity for continued use has not been established. In addition, the request did not specify amount to dispense. Therefore, the request for Flexeril 10mg is not medically necessary.

Lunesta 3mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) Pain Chapter, Lunesta. The Expert Reviewer's decision rationale: The Official Disability Guidelines (ODG) states that, "Eszopiclone (Lunesta) is a non-benzodiazepine sedative-hypnotic (benzodiazepine-receptor agonist) and is a first-line medication for insomnia. It is a schedule IV controlled substance that has potential for abuse and dependency. Lunesta has demonstrated reduced sleep latency and sleep maintenance, and is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days." In this case, patient has been taking Lunesta since at least September 2013. However, medical records failed to show functional benefits from its use. Furthermore, there was no evidence of sleep problems based on the most recent progress reports available. There was also no discussion on sleep hygiene and trial of non-pharmacologic treatment. The medical necessity for continued use of this medication was not established. In addition, the request did not specify amount to dispense. Therefore, the request for Lunesta 3mg is not medically necessary.