

Case Number:	CM14-0106801		
Date Assigned:	07/30/2014	Date of Injury:	02/01/2008
Decision Date:	09/09/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/10/2014

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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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 56-year-old male with a date of injury of 02/01/2008. The listed diagnoses are degenerative lumbar intervertebral disk, brachial neuritis, cervical, pondylosis, postlaminectomy syndrome, lumbar region, thoracic/lumbosacral neuritis, neuralgia/neuritis and radiculopathy lumbar spine. According to the progress report dated 06/19/2014, the patient presents with left shoulder and low back pain. Examination of the left shoulder was within normal range. There was no restriction, swelling, or effusion. Examination of the right shoulder revealed major motor muscles of the right shoulder and upper arm graded at 5/5. Strength testing of the rotator cuff is graded 5/5 for internal rotation and abduction, but 2/5 for external rotation and 4/5 on scapular lift-off test. There is no examination of the lumbar spine. The patient's medication regimen includes, Prilosec 20 mg, Ambien 10 mg, Naproxen 550 mg, Norco 10 mg, and Cyclobenzaprine 7.5 mg. The treating physician states the patient will be dispensed Lunesta 1 to 2 mg tablets for sleep #60 and Flexeril 10 mg tablet b.i.d. p.r.n. for muscle spasms. Utilization review denied the request on 07/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10 MG Quantity 60 No Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

Decision rationale: This patient presents with right shoulder and low back pain. The treating physician is requesting a refill of cyclobenzaprine 10 mg for patient's muscle spasm. The MTUS Guidelines page 64 states, cyclobenzaprine is recommended for short course of therapy. Limited, mixed evidence does not allow for recommendation for chronic use. In this case, medical records indicate the patient has been prescribed this medication since 05/22/2014. MTUS does not recommend long-term use of muscle relaxants and recommends using 3 to 4 days of acute spasm and no more 2 to 3 weeks. The requested cyclobenzaprine is not medically necessary.

Lunesta 1 MG Quantity 60 No Refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter Official Disability Guidelines Mental Chapter.

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

Decision rationale: This patient presents with right shoulder and low back pain. Medical record indicates the patient has been prescribed Ambien since 05/22/2014. On 06/19/2014, treating physician prescribed Lunesta 1mg #60 for "sleep. It is not clear if Lunesta is to replace Ambien or they are prescribed concurrently. ODG Guidelines do support Lunesta based on studies up to 6 months of use. Given the patient's sleep issues and chronic pain, a trial of Lunesta is medically necessary.