

Case Number:	CM14-0016352		
Date Assigned:	04/11/2014	Date of Injury:	01/01/2002
Decision Date:	05/28/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/10/2014

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 63-year-old female with a date of injury of 01/01/2002. The listed diagnoses per [REDACTED] are cervical disk degenerative disease, cervical spondylosis, causalgia of upper limb, depressive disorder, cervical radiculopathy, cervical spinal stenosis, post-laminectomy syndrome and joint pain in the shoulder. According to report dated 12/03/2013, the patient complains of bilateral shoulder and neck pain. The pain is rated at 7/10. It was noted that the patient had cervical fusion in 2008 in the past and has been medically managed since that time. She has presented with symptoms of left shoulder pain and has CPRS of the left shoulder and arm. The patient also suffers from anxiety, depression, and insomnia. The patient's medication includes Cymbalta 60 mg, Lunesta 3 mg, Celebrex 200 mg, morphine ER 15 mg, Norco 10 mg, and Zantac 150 mg. The provider is recommending Sentra PM 2 daily at bedtime for insomnia and Cyclobenzaprine 7.5 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

SENTRA PM #60: 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), Medical Food, Sentra PM.

Decision rationale: This patient presents with chronic upper back, lower back, and bilateral shoulder pain. The provider is requesting Sentra PM #60 for patient's insomnia. The ODG guidelines states that, "Sentra PM is a medical food from [REDACTED], [REDACTED], intended for use in management of sleep disorders associated with depression, that is a proprietary blend of Choline bitartrate, glutamate, and 5-hydroxytryptophan." ODG further states that for each ingredient: for Choline, "There is no known medical need for Choline supplementation"; for Glutamic Acid, "This supplement is used for treatment of hypochlorhydria and achlorhydria. Treatment indications include those for impaired intestinal permeability, short bowel syndrome, cancer and critical illnesses. It is generally used for digestive disorders in complementary medicine." For 5-hydroxytryptophan, "This supplement has been found to be possibly effective in treatment of anxiety disorders, fibromyalgia, obesity and sleep disorders. It has been found to be effective for depression." MTUS also states that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, Choline, an ingredient in Sentra PM is not supported by ODG guidelines. Furthermore, this patient does not present with any of the conditions in which this medication is intended for. Recommendation is for denial.

CYCLOBENZAPRINE 7.5MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Muscle Relaxants

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

Decision rationale: This patient presents with upper back, low back, and bilateral shoulder pain. The provider is requesting a refill of Cyclobenzaprine 7.5 mg #60. The California 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 that this patient has been prescribed Flexeril since 06/06/2013. California MTUS does not recommend long-term use of muscle relaxants and recommends using 3 to 4 days of acute spasm and no more than 2 to 3 weeks. The requested refill of Flexeril is not medically necessary, and recommendation is for denial.