

Case Number:	CM14-0166714		
Date Assigned:	10/13/2014	Date of Injury:	11/18/2010
Decision Date:	12/04/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/09/2014

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 and is licensed to practice in Arizona and 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 injured worker is a 46-year-old female who reported an injury on 10/27/2011, the mechanism of injury was not provided. On 07/10/2014, the injured worker presented with pain. Physical examination remained unchanged. The diagnoses were cervical radiculopathy; lumbosacral radiculopathy; shoulder tendonitis/bursitis; epicondylitis of the elbow, medial; and carpal tunnel syndrome. The patient has also been seen by a rheumatologist who diagnosed the injured worker with fibromyalgia and reflex sympathetic dystrophy based on her description. No prior therapy was submitted. The provider recommended Lunesta, alprazolam, Fiorinal, and tizanidine. There was no rationale provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg #30: 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, Eszopicolone (Lunesta)

Decision rationale: The request for Lunesta 3 mg with a quantity of 30 is not medically necessary. The Official Disability Guidelines do not recommend Lunesta for long term use and limit use to 3 weeks maximum in the first 2 months of injury only, and discourages use of this medication in the chronic phase. They can be habit forming and impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long term. The FDA has also lowered the recommended serving dose of Lunesta from 2 mg to 1 mg for both male and female. Previously recommended doses can impair driving skills, memory, and coordination as long as 11 hours after the drug is taken. There is no evidence of treatment history or length of time the injured worker has been prescribed Lunesta and the efficacy of medication. The provider's request for Lunesta 3 mg exceeds the FDA recommendations for 1 mg starting dose. Additionally, the guidelines recommend the use of Lunesta for the first 2 months of injury only and discourages use in the chronic phase. The provider also does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

Alprazolam .25mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The request for Alprazolam 0.25 mg with a quantity of 60 is not medically necessary. The California MTUS do not recommend the use of Benzodiazepines for long term use because long term efficacy is unproven and there is a risk for dependence. Most guidelines limit use to 4 weeks. The injured worker has been prescribed alprazolam previously; however, there is no information on length of time. There is a lack of efficacy of the medication documented to support continued use; and the frequency was not provided in the request as submitted. Therefore, based on the documents provided, the request is not medically necessary.

Fiorinal 50mg-325mg-40mg cap #40: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: The request for Fiorinal 50 mg - 325 mg - 40 mg capsules with a quantity of 40 is not medically necessary. The California MTUS Guidelines state that all NSAIDs are associated with risk of cardiovascular events, including MI, stroke, and onset or worsening of pre-existing hypertension. It is generally recommended that the lowest effective dose be used for all Non-Steroidal Anti-Inflammatory Drugs (NSAID)'s for the shortest duration of time consistent with the individual treatment goals. There was a lack of evidence in the medical records provided of a complete and adequate pain assessment, and the efficacy of the prior use of

the medication. There is no frequency provided in the request as submitted. As such, medical necessity has not been established.

Tizanidine 4mg cap #60: Upheld

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

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

Decision rationale: The request for Tizanidine 4 mg capsules with a quantity of 60 is not medically necessary. The California MTUS Guidelines recommend muscle relaxants with caution as a second line option for short term treatment of acute exacerbations. They show no benefit beyond Non-Steroidal Anti-Inflammatory Drugs (NSAID)'s in pain and overall improvement, and efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. There is no evidence of treatment history or the length of time the injured worker had been prescribed Tizanidine. Additionally, the efficacy of the prior use of the medication was not submitted for review. There is no frequency provided in the request as submitted. As such, medical necessity has not been established.