

Case Number:	CM14-0030159		
Date Assigned:	06/20/2014	Date of Injury:	08/21/2004
Decision Date:	07/17/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/10/2014

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 & Rehabilitation, has a subspecialty in and is licensed to practice in Illinois. 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 47 year old female who reported an injury on 08/21/2004 with unknown mechanism. The injured worker had complaints of persistent low back pain, poor sleep due to back pain. Physical examination on 09/23/2013 revealed limited range of motion with flexion, extension, and side bending due to back pain. Upper extremity motor strength was 5/5, proximal, distal and lower extremity 5/5, proximal and distal. The patient has tenderness on palpation to her lumbar paraspinals. She had negative straight leg raising. Diagnostic studies were not submitted with the document. The diagnoses were lumbosacral degenerative disc disease, status post L5-S1 fusion, displaced lumbar disc without myelopathy, chronic pain syndrome, constipation, insomnia, myofascial pain with muscle spasms and opioid dependence. The treatment plan was to continue medications which were Norco 10/325 two every four hours as needed, Fentanyl patch, Lunesta 3mg two at bedtime. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800 mg one tab two times daily #60: Upheld

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

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

Decision rationale: The request for skelaxin 800mg one tablet two times daily quantity 60 is not medically necessary. The California Medical Treatment Utilization Schedule states that in most low back pain cases, muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged usage may lead to dependence. According to progress note dated 09/23/2013 the injured worker was not reported as taking this medication. It is not mentioned in the progress note as part of the treatment plan. Therefore, the request is not medically necessary.

Lunesta 3 mg one to two tablets at night #60: Upheld

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

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, Mental Chapter.

Decision rationale: The request for Lunesta 3mg one or two tablets at night is not medically necessary. According to the Official Disability Guidelines it is not recommended for long term use only short term use because they can become habit forming and may impair function and memory more than opioid pain relievers. The FDA has lowered the recommended starting dose of eszopicolone from 2mg to 1mg. The injured worker is taking one or two tablets of Lunesta 3mg at night. The injured worker has been taking Lunesta for over a year according to the progress notes submitted for review. Therefore, the request is non-medically necessary.