

<b>Case Number:</b>	CM14-0030391		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/26/2006
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 and Rehabilitation & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 55-year-old male who reported an injury on 03/26/2006. The mechanism of injury was not provided within the medical records. The clinical note is handwritten and hard to decipher. The clinical note dated 04/23/2014 indicated diagnosis of lumbar radiculitis. The injured worker reported worsening back pain due to a trip and fall. The injured worker reported left leg pain and locking at the hip, right side leg and ankle pain. The injured worker reported flexeril helped with spasms and pain in his legs. The injured worker's treatment plan included neurologist and a QME. The injured worker's prior treatments were not provided for review. The injured worker's medication regimen was not provided for review. The provider submitted a request for Lunesta, Norco, and Flexeril. A Request for Authorization was not submitted for review to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**270 tablets of Flexeril 10mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low back complaints.

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

**Decision rationale:** The CA MTUS guidelines recommend cyclobenzaprine (flexeril) as an option, using a short course of therapy. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. It is not indicated how long the injured worker has been utilizing this medication. In addition, there is a lack of a quantified pain assessment on the injured worker. Moreover, there is a lack of documentation of efficacy and functional improvement with the use of this medication. Furthermore, the request does not indicate a frequency for this medication. Therefore, the request is not medically necessary and appropriate.

**450 tablets of Norco 10/325mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Opioids, criteria Page(s): 91, 78.

**Decision rationale:** The California MTUS Guidelines recommend the use of opioids for the ongoing management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of documentation of efficacy and functional improvement with the use of this medication. In addition, there is a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risks for aberrant drug use behaviors and side effects. Furthermore, the request does not indicate a frequency for this medication. Therefore, the request for Norco is not medically necessary and appropriate.

**90 tablets of Lunesta 3mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Pain-Opioids.

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

**Decision rationale:** The Official Disability Guidelines recognize Eszopicolone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. Not recommended for long-term use, but recommended for short-term use. The documentation submitted did not indicate the injured worker had findings that would support he was at risk for insomnia. In addition, it was not indicated how long the injured worker has been utilizing this medication. Moreover, the documentation dated 02/20/2014 indicated the injured worker had been utilizing Lunesta since at least 02/20/2014. This exceeds the guideline recommendation of shortterm use. Moreover, the provider did not indicate a rationale for the request. Therefore, the request for Lunesta is not medically necessary and appropriate.