

Case Number:	CM14-0042839		
Date Assigned:	06/30/2014	Date of Injury:	09/10/2005
Decision Date:	08/06/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/09/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, fibromyalgia, myalgias, and myositis of various body parts reportedly associated with an industrial injury of September 10, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; sleep aids; and muscle relaxants. In a utilization review report of March 28, 2014, the claims administrator apparently partially approved OxyContin and oxycodone while denying Flexeril and Sonata. Overall rationale was somewhat difficult to follow. The claims administrator did cite high doses of OxyContin and oxycodone in its decision to partially certify the same. The claims administrator stated that there has been no discussion of medication efficacy insofar as Sonata was concerned and therefore denied the same. The applicant's attorney subsequently appealed. A February 24, 2014 progress note is notable for comments that the applicant reported persistent complaints of low back and neck pain. The applicant was apparently dropping things owing to weakness about the hands. The applicant pending introduction of a CPAP device, it was stated. The applicant stated that medications were providing partial pain relief. The applicant denied any side effects. The applicant was on Colace, albuterol, Vistaril, Ambien, Lopressor, Flexeril, oxycodone, OxyContin, and Sonata. The applicant had a BMI of 28, it was stated. The applicant was given primary diagnosis of chronic low back pain, secondary diagnosis of chronic neck pain, and a tertiary diagnosis of fibromyalgia. It was stated that the applicant's pain medications were allowing the applicant to function; however, it was not stated what activities of daily living specifically have been ameliorated. The applicant's work status was not provided. It did not appear that the applicant was working. On January 17, 2014, the applicant was again described as reporting partial pain relief with medications. The applicant was again asked to continue activities as tolerated. Medications were renewed. It was again stated that the medications were

allowing the applicant to function, although it was not clearly stated what activities of daily living had specifically been ameliorated. The applicant was described as using Colace, hydrochlorothiazide, ProAir, Zestril, Ambien, Flexeril, oxycodone, OxyContin, Sonata, and Lopressor on an earlier note on December 20, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril (Cyclobenzaprine) 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

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

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, additional cyclobenzaprine and Flexeril to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other analgesic and adjuvant medications, including opioids such as OxyContin and oxycodone. Adding cyclobenzaprine and Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

Oxycodone 30mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is seemingly off of work. The attending provider has not clearly elaborated upon any improvements in pain and/or function achieved as a result of ongoing oxycodone usage. It has never been clearly stated what activities of daily living has specifically been ameliorated with ongoing oxycodone usage. Therefore, the request is not medically necessary.

Sonata (Zaleplon) 10mg #30: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Administration (FDA), Sonata Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of Sonata usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines states that the attending provider using drug for non-FDA labelled purposes has the responsibility to be well informed regarding usage of the same and should, moreover, furnish some evidence to support said usage. In this case, the Food and Drug Administration (FDA) notes that Sonata is indicated in short-term treatment of insomnia, for up to five weeks. In this case, however, the attending provider is seemingly employing Sonata for scheduled, chronic, and/or long-term use purposes. These are not FDA approved indications for the same. No rationale for ongoing usage of Sonata for non-FDA labeled purposes was provided. Therefore, the request is not medically necessary.