

Case Number:	CM14-0042955		
Date Assigned:	06/30/2014	Date of Injury:	10/23/2012
Decision Date:	08/18/2014	UR Denial Date:	03/24/2014
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 Physical Medicine and Rehabilitation and has a subspecialty in Interventional Spine 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 patient is a 65-year-old male with a date of injury of 10/23/2012. The listed diagnosis per [REDACTED] is carpal tunnel syndrome. Progress reports from 12/16/2013, 02/05/2014 and 03/10/2014 state the patient has bilateral knee pain and positive tri-compartmental crepitus. Progress report 02/20/2014 is a review of a psychiatric report. Other diagnoses include cervical and lumbar spine (illegible). Previous surgical history is noted as bilateral knee arthroscopies in 1998 and 2002. Request for authorization dated 03/18/2014 requested Fexmid 7.5 mg #60 and Sonata 10 mg #30. Utilization review denied the requests on 03/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): pg 64. Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective

than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. The greatest effect appears to be in the first 4 days of treatment. (Browning, 2001) (Kinkade, 2007) (Toth, 2004).

Decision rationale: The request is for a refill of Fexmid 7.5 mg #60. MTUS page 64 states Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Medical records indicate a requested refill of Sonata and Fexmid on 02/05/2014. In this case, the patient does not meet the criteria of this medication as there are no muscle spasms noted. Furthermore, the request is a refill of #60. MTUS does not allow muscle relaxants for long term use. Fexmid 7.5mg #60 is not medically necessary and appropriate.

Sonata 10mg #30: Upheld

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

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

Decision rationale: The request is for a refill of Sonata 10mg #30. Medical records indicate a previous request for a refill of Sonata on 02/05/2014. The ACOEM and MTUS guidelines do not discuss Sonata. ODG Guidelines have the following regarding insomnia treatments, Zaleplon (Sonata) reduces sleep latency. This medication has a rapid onset of action. Short-term use (7-10 days) is indicated with a controlled trial showing effectiveness for up to 5 weeks. ODG recommends short-term use of 7 to 10 days with effectiveness for up to 5 weeks. In this case, there is no documentation of this medication's efficacy. Furthermore, the medication has been prescribed for long-term use. Sonata 10mg #30 is not medically necessary and appropriate.