

Case Number:	CM14-0062465		
Date Assigned:	07/11/2014	Date of Injury:	07/15/1997
Decision Date:	08/08/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/05/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 67-year-old male with a July 15, 1997 date of injury, and status post left total hip arthroplasty March 2013. At the time (April 14, 2014) of the decision for Flexeril 10mg #60, Lunesta 3mg tablet #30 with 2 refills, and Provigil 100mg tablet #45 with 2 refills. There is documentation of subjective (5/10 low back pain that is not radiating and sleep disturbances that is chronic and stable with nightly Lunesta) and objective (no contractures, malalignment or bony abnormalities, normal movement of all extremities, and normal gait) findings. Current diagnoses (lumbago, degeneration of lumbar intervertebral disc, depressive disorder, and sleep disorder (hypersomnolence daytime and insomnia nighttime). Treatment to date (medications (including ongoing treatment with Flexeril, Lunesta and Provigil since at least November 19, 2013. Regarding Flexeril, there is no documentation of acute muscle spasm and the intention to treat over a short course. Regarding Provigil, there is no documentation of narcolepsy, obstructive sleep apnea, and shift work sleep disorder and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Provigil use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Muscle Relaxants (For Pain).

Decision rationale: The California MTUS Guidelines identifies that Flexeril is recommended for a short course of therapy. The ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of lumbago, degeneration of lumbar intervertebral disc, depressive disorder, and sleep disorder (hypersomnolence daytime and insomnia nighttime). However, there is no documentation of acute muscle spasm. In addition, given documentation of records reflecting prescriptions for Flexeril since at least November 19, 2013, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Flexeril 10mg #60 is not medically necessary.

Lunesta 3mg tablet #30 with 2 refills: Overturned

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) Chronic Pain Chapter, Insomina treatment.

Decision rationale: The ODG states non-benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists) are first-line medications for insomnia which includes eszopicolone (Lunesta). In addition, ODG identifies that Lunesta is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. Within the medical information available for review, there is documentation of diagnoses of lumbago, degeneration of lumbar intervertebral disc, depressive disorder, and sleep disorder (hypersomnolence daytime and insomnia nighttime). In addition, there is documentation of insomnia that is stable with nightly Lunesta. Therefore, based on guidelines and a review of the evidence, the request for Lunesta 3mg tablet #30 with 2 refills is medically necessary.

Provigil 100mg tablet #45 with 2 refills: 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, Modafinil (Provigil).

Decision rationale: The ODG identifies excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder, as criteria necessary to support Modafinil (Provigil). Within the medical information available for review, there is documentation of diagnoses of lumbago, degeneration of lumbar intervertebral disc, depressive disorder, and sleep disorder (hypersomnolence daytime and insomnia nighttime). However, there is no documentation of narcolepsy, obstructive sleep apnea, and shift work sleep disorder. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Provigil use to date. Therefore, based on guidelines and a review of the evidence, the request for Provigil 100mg tablet #45 with 2 refills is not medically necessary.