

Case Number:	CM14-0185509		
Date Assigned:	11/13/2014	Date of Injury:	09/18/2004
Decision Date:	01/15/2015	UR Denial Date:	11/01/2014
Priority:	Standard	Application Received:	11/07/2014

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 Family 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:

This is a 31 yr. old male claimant who sustained a work injury on September 8, 2004 involving the left ankle. He had a severe crush injury that resulted in complex regional pain syndrome. Injured worker underwent a ganglion block of his left foot which had reduced his pain by 70%. He had placement of a spinal cord stimulator. A progress note on August 27, 2014 indicated the claimant had 2/10 pain while on medications. Exam findings were notable for tenderness in the left plantar arch. He had been on Lunesta for sleep, Butrans, Naprosyn and Norco for pain as well as Lyrica and Savella . He had been on the Lunesta and Lyrica for over a year. He had also been on other antidepressants for over year including Wellbutrin and Cymbalta. Progress note on October 21, 2014 indicated claimant had similar symptoms. 10 findings were notable for decreased sensation in the L4- L5 dermatomes, and stiffness. The claimant was continued on the above medications. He had been on Flexeril for the past month which was continued as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Lunesta 3mg #30 with 3 refills: 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) Insomnia Medications.

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

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Although Lunesta is approved for longer use than 35 days, the claimant had been provided with over three months' supply of Lunesta. In addition, the claimant had been on intermittent use of Lunesta for over a year. There is no mention of alternative behavioral interventions used for improving insomnia. Descriptions of sleep onset sleep maintenance for sleep quality were not mentioned. The continued and prolonged use of Lunesta is not medically necessary.

1 prescription of Lyrica 50mg #120 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica (Pregabalin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin Page(s): 19.

Decision rationale: According to the guidelines, Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. In this case the claimant had been on Lyrica for over a year. The claimant does not have the above diagnoses. Particular diagnoses and/or response to symptoms with this medication is not documented. The use of Lyrica is not medically necessary.

1 prescription of Savella 50mg #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), Antidepressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

Decision rationale: Savella is an SNRI anti-depressant. According to the MTUS guidelines, SNRI may be used for fibromyalgia and neuropathic pain related to diabetes. It is off-label for radicular type pain. In this case, the claimant does not have a diagnosis of fibromyalgia or diabetic neuropathy. The use of Savella is not medically necessary.

1 prescription of Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine).

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

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril without documentation for spasms for a month. An additional month is beyond the length of time recommended by the guidelines and continued use is not medically necessary.