

Case Number:	CM14-0211840		
Date Assigned:	12/24/2014	Date of Injury:	02/15/2006
Decision Date:	02/17/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/17/2014

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 Practice, 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:

48 yr. old female claimant sustained a work injury on 2/15/06 involving the low back and neck. An MRI of the cervical spine in 2008 indicated C4-C5 impingement of the central cord at C4-C5 . An MRI in 2012 indicated she had L4-L5 spinal stenosis, L5-S1 impingement and moderate neural foraminal stenosis. A progress note on 10/15/14 indicated the claimant had pain in the involved areas. Exam findings were notable for tenderness in the cervical and lumbar spine as well as decreased range of motion. The following denied medications were requested : Zalpelon, Cyclobenzaprine, topical Lidoderm and Gabapentin. A progress note on 1/6/15 demonstrated that the claimant had persistent pain. A physical exam was not performed. The claimant was treated with topical Ketamine cream, Zalpelon, Cyclobenzaprine, topical Lidoderm and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zalpelon 10mg #30 with 1 refill: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) insomnia medication.

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. The claimant had been on Zalpelon for several months. Long-term use is not indicated for insomnia management. In addition, the current sleep pattern/ etiology is not identified. Continued use is not medically necessary.

Cyclobenzaprine 5mg #90 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine. 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 for a prolonged period without improvement in pain. Recent continuation of medication was not supported by clinical findings. Continued use is not medically necessary.