

Case Number:	CM15-0000448		
Date Assigned:	01/12/2015	Date of Injury:	11/08/2011
Decision Date:	03/17/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Minnesota, Florida

Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is 53 year old male who sustained an industrial related injury on 11/8/11 after a slip and fall accident. The treating physician's report dated 9/17/14 noted the injured worker had complaints of cervical spine pain with radiation into the upper extremities. Migraine headaches and tension between the shoulder blades was also noted. Low back pain with radiation into the lower extremities was noted. Diagnoses included cervical and lumbar disc disorder. The injured worker underwent a left sided L4-5 laminotomy, left sided L4-5 medial facetectomy, left sided microdiscectomy, and free fat graft to the dura on 3/8/95. On 12/31/14 the treating physician requested authorization for associated surgical services of an ice unit purchase was non-certified. The associated surgical services of cyclobenzaprine HCL 7.5mg #120, and Eszopiclone 1mg #30 were modified. On 12/16/14 the requested items were denied/ modified. The utilization review (UR) physician noted the surgery to be performed would be a L4-S1 posterior lumbar interbody fusion with instrumentation and possible reduction of lishesis. Regarding the ice unit purchase, the UR physician cited the American College of Occupational and Environmental Medicine and noted there is no documentation of reason why prescribed at home cool or warm therapy was needed to address post-operative pain. Regarding cyclobenzaprine, the UR physician cited the Medical Treatment Utilization Schedule Chronic Pain Treatment Guidelines and noted there was no documentation of a maintained increase in function or decrease in pain or spasm with the use of this medication. Regarding eszopiclone, the UR physician cited the Official Disability Guidelines and noted no evidence of a diagnosis of insomnia has been provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Cyclobenzaprine HCL 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, cyclobenzaprine Page(s): 64.

Decision rationale: California MTUS chronic pain guidelines recommend cyclobenzaprine for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. The greatest effect appears to be in the first 4 days of treatment. As such, the request for cyclobenzaprine 7.5 mg # 120 as stated is not supported by guidelines and the medical necessity is not established. Weaning is recommended..

Associated surgical service: Eszopiclone 1mg #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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section: Pain, Topic: Eszopiclone

Decision rationale: With regard to Lunesta ODG guidelines do not recommend long-term use. Recommend limiting use of hypnotics to 3 weeks maximum in the first 2 months of injury and discourage use in the chronic phase. There is concern that they may increase pain and depression over the long-term. In general, receiving hypnotic prescriptions was associated with greater than a threefold increased hazard of death even when prescribed less than 18 pills per year. It is habit forming. It can cause impairment in driving skills, memory, and coordination as long as 11 hours after the drug is taken. In light of the above, the request for Eszopiclone is not supported and the medical necessity is not established.

Associated surgical service: Ice unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section: Low Back, Topic: cryotherapy, cold packs. Section: Knee: Topic: Continuous flow cryotherapy.

Decision rationale: ODG guidelines recommend postoperative continuous-flow cryotherapy for knee and shoulder surgery but not for the spine. Cold packs are recommended as an option for

acute low back pain. The request for an ice machine is not supported by guidelines and as such, the medical necessity is not established.