

Case Number:	CM15-0005259		
Date Assigned:	01/16/2015	Date of Injury:	02/15/2006
Decision Date:	03/18/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/09/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 a 48 year old male with an industrial injury dated 02/15/2006. His diagnoses include cervical disc displacement, lumbar disc displacement, joint pain left leg, fracture scapula closed, depressive psychosis unspecified, depressive disorder, psychogenic pain, therapeutic drug monitoring, long term use of medications, recurrent depressive psychosis, lumbar/lumbosacral disc degeneration, spinal stenosis lumbar, and post-surgical state. There was no recent diagnostic testing submitted or discussed. He has been treated with a right knee arthroscopic surgery (date not provided), epidural steroid injections to the lumbar spine, and a lumbar medial facet block. The injured worker has been taking the following medications for several months: Ketamine cream, Zalepon, omeprazole, Senakot, Doxepin, cyclobenzaprine, Gabapentin, hydrocodone-APAP, Nabumetone-relafen and Lidoderm patches. In a progress note dated 01/06/2015, the treating physician reports chronic low back pain that was reported to be increasing without medications as they were previously denied, and improvement in sleep and energy. The objective examination revealed an antalgic gait with no lumbar exam findings noted. The treating physician is requesting Zalepon and cyclobenzaprine which were denied by the utilization review. On 01/08/2015, Utilization Review non-certified a retrospective purchase of Zalepon 10mg #30, noting the absence of support or recommendation for long term use. The MTUS was cited. On 01/08/2015, Utilization Review non-certified a retrospective purchase of cyclobenzaprine 5mg #90, noting the absence of support or recommendation for long term use. The MTUS was cited. On 01/09/2015, the injured worker submitted an application for IMR for review of Zalepon 10mg #30, and cyclobenzaprine 5mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective pharmacy purchase of Zaleplon 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 Pain chapter online for Insomnia treatment

Decision rationale: This patient presents with lower back pain. The treater has asked for RETROSPECTIVE PHARMACY PURCHASE OF ZALEPLON 10MG #30 on 1/6/15 . The patient is currently taking Zaleplon. Zaleplon (Sonata) is a non-benzodiazepine sedative-hypnotic which ODG recommends as a first-line medication for insomnia. It reduces sleep latency. Short-term use (7-10 days) is indicated with a controlled trial showing effectiveness for up to 5 weeks. In this case, the patient has a chronic pain condition. The requested Zaleplon is not indicated, as ODG only recommends for short term use of 7-10 days. The treater does not indicate this medication for short-term use. The request IS NOT medically necessary.

Retrospective Cyclobenzaprine 5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: This patient presents with lower back pain. The treater has asked for RETROSPECTIVE CYCLOBENZAPRINE 5MG #90 on 1/6/15. The patient is currently taking Cyclobenzaprine per 1/6/15 report. Regarding muscle relaxants for pain, MTUS recommends with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no documentation of an exacerbation. The patient is suffering from chronic low back pain and the treater does not indicate that this medication is to be used for short-term. MTUS only supports 2-3 days use of muscle relaxants if it is to be used for an exacerbation. The request IS NOT medically necessary.