

Case Number:	CM15-0013016		
Date Assigned:	01/30/2015	Date of Injury:	07/02/2014
Decision Date:	03/27/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/22/2015

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: Arizona, California, Florida
 Certification(s)/Specialty: Family Practice

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 44-year-old male who reported an injury on 07/02/2014 due to cumulative trauma while performing normal job duties. The injured worker's treatment history included shoulder surgery, physical therapy, and multiple medications. The injured worker's diagnosis included right shoulder sprain/strain. The injured worker was evaluated on 12/23/2014. It was documented that the injured worker's medications included Flexeril, naproxen, omeprazole, and Lunesta with good benefit and no side effects. It was documented that the injured worker was taking omeprazole for GI upset related to tramadol. The clinical evaluation documented that the injured worker had 7/10 to 9/10 pain without medications that was reduced to a 3/10 to 5/10 with medications. Physical findings included tenderness to palpation of the paraspinal musculature and facets of the cervical spine with 4+/5 motor strength of the right shoulder. The injured worker had restricted range of motion of the right shoulder secondary to pain with complaints of paresthesias with manual pressure to the joint. The injured worker had a positive impingement sign. A request was made for a psychological assessment and a refill of medications. A Request for Authorization was submitted on 12/31/2014 to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 1mg: 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) Pain Chapter

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

Decision rationale: The requested Lunesta 1 mg is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address this medication. Official Disability Guidelines recommend Lunesta to assist with restoration of sleep patterns related to disturbances due to chronic pain. The clinical documentation submitted for review does indicate that the injured worker has previously taken Lunesta. However, an adequate assessment of the injured worker's sleep hygiene to support that the injured worker is having a positive response to this medication was not provided. Furthermore, the request as it is submitted does not clearly identify a frequency of use or quantity requested. In the absence of this information, the appropriateness of the request itself cannot be determined.

Flexeril 7.5mg: Upheld

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

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

Decision rationale: The requested Flexeril 7.5 mg is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the short term use of muscle relaxants not to exceed 2 to 3 weeks for acute exacerbations of chronic pain. The clinical documentation submitted for review does indicate that the injured worker has been on this medication for an extended period of time. Therefore, continued use would not be supported in this clinical situation. There are no exceptional factors noted to support extending treatment beyond guideline recommendations. Additionally the request as it is submitted does not clearly identify a frequency of use or a quantity requested. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Flexeril 7.5 mg is not medically necessary or appropriate.