

Case Number:	CM15-0013110		
Date Assigned:	01/30/2015	Date of Injury:	09/20/2010
Decision Date:	04/07/2015	UR Denial Date:	12/24/2014
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: California

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:

This is a 61 year old male with an industrial injury dated 09/10/2010. The mechanism of injury is described as lifting cases of soda and experiencing a tightening sensation in his back and a cramping sensation to the right leg. He also complained of shoulder and knee pain. Report dated 03/21/2014 is available for review. Physical exam revealed atrophy and tenderness over the right greater than left AC joint with limited range of motion. Elbow exam revealed global tenderness and wrist and hand exam revealed slight tenderness. There was tenderness in the thoracolumbar spine and bilateral knees. Prior treatment included lumbar transforaminal epidural steroid injection, ortho shockwave treatment, aquatic therapy, lumbar spine surgery, physical therapy, chiropractic treatments, acupuncture and medications. He has a history of Guillain-Barre' Syndrome. Diagnoses include: Chronic musculoligamentous sprain/strain, lumbar spine. lumbar degenerative disc disease with lateral recess stenosis, right lower extremity lumbar radiculopathy. status post lumbar 4 through sacral 1 posterolateral fusion 02/04/2013, rule out internal derangement bilateral knees and bilateral knee patellar tendinitis. On 12/24/2015 utilization review issued the following decision: The request for Cyclobenzaprine hydrochloride 10 mg # 60 was non-certified. Weaning was recommended. Somnicin # 30 capsules were non-certified. MTUS and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS 9/2/14), Cyclobenzaprine Hydrochloride 10mg #60: Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril) is recommended as an option, using a short course of therapy. References state that Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The guidelines also state that muscle relaxants are recommended for with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The guidelines state that efficacy of muscle relaxers appears to diminish over time, and prolonged use of some medications may lead to dependence. The medical records indicate that the patient has been prescribed muscle relaxants for an extended period of time. Chronic use of muscle relaxants is not supported and as such the request for Retrospective (DOS 9/2/14), Cyclobenzaprine Hydrochloride 10mg #60 is not medically necessary.

Retrospective (DOS 9/2/14) Somnicin #30 capsules: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Medical Food.

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

Decision rationale: According to the Official Disability Guidelines, Somnicin is not recommended. Somnicin, a nutritional supplement, contains melatonin, magnesium oxide, oxitriptan (the L form of 5-hydroxytryptophan), 5-hydroxytryptophan, tryptophan and Vitamin B6 (pyridoxine). It is postulated as a treatment for insomnia, anxiety and depression. Given that this medical food is not supported by evidence based guidelines, this request is not supported. The request for Retrospective (DOS 9/2/14) Somnicin #30 capsules is not medically necessary.