

<b>Case Number:</b>	CM15-0138961		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	12/17/2008
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 47 year old female patient who sustained an industrial injury on 12/17/2008. A recent neurosurgical follow up visit dated 05/13/2015 reported the patient with subjective complaint of right shoulder pain and occasional neck pain. She is 6 weeks out from an anterior cervical discectomy 03/24/2015 with negative radiographic findings. She is still experiencing some right shoulder pain on excursion which is felt to be consistent with a mild capsulitis. The impression is the patient is on a satisfactory post-operative course. The plan of care noted performing range of motion exercises in three planes, 100 times daily, avoid non-steroidal anti-inflammatory medications, and continue utilizing the brace. The patient must initiate an exercise program. She will follow up in 6 weeks. A secondary treating visit note dated 06/19/2015 reported subjective complaint of constant neck pain radiating into the right upper extremity accompanied with numbness/tingling. There is constant mid back pain, and frequent low back pain radiating to the bilateral lower extremities. She is with constant left shoulder pain and frequent left knee pain. The following diagnoses were applied: status post anterior cervical decompression and fusion; cervical radiculopathy; thoracic sprain/strain; lumbar radiculopathy; lumbar spine strain/sprain; status post left shoulder surgery, 03/2011, and status post left knee surgery. The plan of care noted prescribing Tramadol. The physician dispensed: Flexeril, and Lunesta: Theramine, Gabadone and Trepadone. A urine drug screen was obtained. She is instructed to continue with home exercise program, and follow up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine Hydrochloride 7.5mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antispasmodics Page(s): 64-66.

**Decision rationale:** According to MTUS guidelines anti-spasmodic agents such as the prescribed medication are "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Muscle relaxants are recommended as second line option for short-term treatment of acute exacerbation of muscle spasm in patients with chronic lower back pain. According to the cited guidelines muscle relaxants provide no additional benefit in managing chronic back pain and spasm beyond NSAIDs, which the patient is already taking regularly. Additionally efficacy appears to diminish over time and prolonged use increases risk of dependence and tolerance. Consequently the provided medical records and cited guidelines do not support continued long-term chronic use of muscle relaxants as being clinically necessary at this time and therefore is not medically necessary.

**Lunesta 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 (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lunesta.

**Decision rationale:** Lunesta is eszopiclone, a sedative to treat insomnia. According to ODG guidelines (CA MTUS is silent) sedatives such as Lunesta to treat insomnia may be clinically effective in the short term is not effective in the long term/ Additionally, long term use increases the IW's risk of dependence, adverse drug effects and drug abuse. Therefore based on the lack of efficacy with long term use and concern of multi drug interactions, the prescribed Lunesta is not clinically necessary at this time and therefore is not medically necessary.

**Theramine #90: 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 Official Disability Guidelines (ODG) Theramine.

**Decision rationale:** Theramine is classified as a medical food. Medical foods are not regulated by the FDA and the treatment of medical foods is not supported by the CA MTUS or other work comp guidelines for patients without a specific dietary deficiency. Consequently the continued prescription of a "medical food" such as this with a specific dietary need is not recommended and therefore is not medically necessary.

**GABAdone #60:** 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) Gabadone.

**Decision rationale:** Gabadone is classified as a medical food. Medical foods are not regulated by the FDA and the treatment of medical foods are not supported by the CA MTUS or other work comp guidelines for patients without a specific dietary deficiency. ODG specifically states "GABAdone, not recommended". Consequently the continued prescription of a "medical food" such as this without a specific dietary need is not recommended and therefore is not medically necessary.

**Trepadone #120:** 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) Trepadone.

**Decision rationale:** Trepadone is classified as a medical food. Medical foods are not regulated by the FDA and the treatment of medical foods is not supported by the CA MTUS or other work comp guidelines for patients without a specific dietary deficiency. Consequently the continued prescription of a "medical food" such as this without any specific dietary need is not recommended and therefore is not medically necessary.