

<b>Case Number:</b>	CM15-0143899		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	10/16/2012
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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: Texas, New York, California  
 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 applicant is a represented 30-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 16, 2012. In a Utilization Review report dated July 17, 2015, the claims administrator failed to approve request for Lunesta and Flexeril. The claims administrator referenced a July 14, 2015 RFA form and an associated progress note of July 13, 2015 in its determination. On July 13, 2015, the applicant reported ongoing complaints of axial back pain, worsened by bending, lifting, sitting, and standing. The applicant was on Naprosyn, Duragesic, Flexeril, Lunesta, and Norco, it was reported. The applicant was placed off of work, on total temporary disability. The applicant had undergone lumbar spine surgery, a little under a year prior, it was reported, on August 8, 2014. The applicant had superimposed issues with anxiety and depression, it was reported. In an earlier note dated June 15, 2015, the applicant was given prescriptions for Duragesic, Lunesta, and Norco. It was stated that the applicant was using Lunesta on a nightly basis, although it was not explicitly stated whether or not Lunesta was or was not effective. Facet joint injection therapy was sought while the applicant was placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 3mg #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), Eszopiclone (Lunesta).

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

**Decision rationale:** No, the request for Lunesta, a sleep aide, was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, ODG's Chronic Pain Chapter Eszopiclone topic notes that Lunesta or eszopiclone is not recommended for long-term use purposes but, rather, should be reserved for short-term use purposes. Here, however, the applicant had been using Lunesta for a minimum of several months as of the date in question, June 15, 2015. Continued usage of the same, thus, ran counter to ODG principles and parameters. Therefore, the request was not medically necessary.

**Cyclobenzaprine-Flexeril 7.5mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41-42.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

**Decision rationale:** Similarly, the request for Cyclobenzaprine or Flexeril was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was in fact using a variety of other agents, including Norco, Lunesta, Duragesic, Naprosyn, etc. Adding Cyclobenzaprine or Flexeril to the mix was not recommended. It was further noted that the 90-tablet supply of Cyclobenzaprine at issue represents treatment in excess of the "short course of therapy" for which Cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.