

<b>Case Number:</b>	CM15-0168726		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	03/11/2011
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: North Carolina  
 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 46 year old female with a date of injury on 3-11-2011. A review of the medical records indicates that the injured worker is undergoing treatment for pain in joint of shoulder, shoulder region disorders not elsewhere classified, cervicgia and sprains and strains of neck. Medical records (5-14-2015 to 7-30-2015) indicate ongoing neck pain, upper back pain, mid back pain and right shoulder pain rated at 4 to 6 out of 10. Quality of sleep was poor. The injured worker reported getting better sleep with the Ambien, but the medication had been denied. She reported decreased pain since the last visit. Per the treating physician (7-30-2015 report), the employee was temporarily totally disabled. The physical exam (5-14-2015 to 7-30-2015) reveals no change in range of motion of the cervical spine and right shoulder. Range of motion was restricted and painful. There was tenderness and spasm of the cervical paravertebral muscles. There was tenderness of the right shoulder. Treatment has included cervical epidural steroid injection, shoulder injection and medications. Per the 7-30-2015 progress report, Ambien and Cyclobenzaprine were discontinued. The request for authorization dated 7-30-2015 was for Lunesta, Norflex, Anaprox, Vicodin and Prilosec. The original Utilization Review (UR) (8-6-2015) denied requests for Lunesta and Norflex. UR approved requests for Anaprox, Vicodin and Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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.

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

**Decision rationale:** The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The patient does not have the diagnosis of primary insomnia or depression. There is also no documentation of first line insomnia treatment options such as sleep hygiene measures. Therefore the request is not medically necessary.

**Norflex 100mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** The California chronic pain medical treatment guidelines section on muscle relaxants states: 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. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not medically necessary.