

Case Number:	CM15-0169390		
Date Assigned:	09/10/2015	Date of Injury:	03/10/2015
Decision Date:	10/13/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 was a 42 year old male, who sustained an industrial injury, March 10, 2015. The injury was sustained when the injured worker when the injured worker was loading a truck pulled on a rope that was not knotted security and the injured worker fell backwards, landing on the right side of the body. According to progress note of June 24, 2015 the injured worker's chief complaint was right shoulder pain was worse. The pain was persistent in the neck and lower back. The medications were very helpful in controlling the pain and the spasm. The injured worker rated the pain at 7 out of 10 without medications and 4 out of 10 with medications. The injured worker was going to physical therapy which provided temporary relief. The physical exam noted there was numbness and weakness at the C6 and bilateral L5 and S1 dermatomes. The straight leg and bowstring testing was positive bilaterally. The injured worker walked with an antalgic gait. There was positive tenderness at the cervical and lumbar spine. There was decreased range of motion by 20% in the cervical spine and lumbar spine. There was right shoulder impingement. There was no documentation as to why Lunesta was started for this injured worker at this visit. The injured worker was diagnosed with cervical and lumbar spine strain rule out HPN (herniated nucleus pulposus) and right shoulder question internal derangement and impingement syndrome. The injured worker previously received the following treatments in March of 2015 the injure worker was taking Tramadol, Ultracet and Naprosyn. The injured worker started Flexmid in April of 2015 without an explanation of why this was started, physical therapy, random toxicology laboratory studies was consistent with medications prescribed. The injured worker failed first line medications such as Aspirin, Ibuprofen and Diclofenac. The RFA (request for authorization) dated the following treatments were requested

prescriptions for Eszopiclone (Lunesta) and Cyclobenzaprine (Flexmid) there was no documentation as to why this medication was started. The UR (utilization review board) denied certification on August 5, 2015, of the prescriptions for Eszopiclone (Lunesta) and Cyclobenzaprine (Flexmid) were uncertified due to according to the guideline the Cyclobenzaprine was not prescribed in accordance to the medical guidelines. There was no discussion of other attempts at addressing the sleep hygiene or that other pharmacological methods for the treatment for insomnia had been tried. There was discussion of the duration for which Lunesta had been used or evidence of objective improvement in the next day functioning resulting from the use of Lunesta. Based on the records reviewed and medical guidelines, Lunesta was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta (eszopiclone) 1mg qty 30.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (Chronic) Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress Chapter under Eszopiclone (Lunesta).

Decision rationale: The 42 year old patient complains of neck pain, lower back pain, and right shoulder pain, along with numbness and tingling, as per progress report dated 07/22/15. The request is for LUNESTA (ESZOPICOLONE) 1 mg QTY 30.00. There is no RFA for this case, and the patient's date of injury is 03/10/15. Diagnoses, as per progress report dated 07/22/15, included cervical and lumbar spine strain, HNP C4-5 and C5-6; right shoulder sprain and impingement; and partial rotator cuff tear. Medications included Naproxen, Cyclobenzaprine, Pantoprazole, and Lunesta. The patient is temporarily totally disabled, as per the same progress report. ODG-TWC, Mental & Stress Chapter under Eszopiclone (Lunesta) states: Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. The FDA has lowered the recommended starting dose of eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women." In this case, a prescription for Lunesta is only noted in progress report dated 07/22/15. It is not clear when the medication was initiated. As per progress report dated 07/22/15, the patient's sleep has improved with Lunesta. In the same report, the treater states "the sleep disorder has been persistent and recurrent, medication management is indicated to restore normal sleep." In a denial appeal letter dated 07/12/15, the treater states sleep deprivation can worsen the patient's condition and delay healing. The treater also states medications are "indicated and warranted and supported in medical literature. While the patient does suffer from insomnia and may be benefiting from Lunesta, ODG limits the "use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase." Hence, the request IS NOT medically necessary.

Fexmid (cyclobenzaprine) 7.5mg qty 60.00: 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), Cyclobenzaprine (Flexeril).

Decision rationale: The 42 year old patient complains of neck pain, lower back pain, and right shoulder pain, along with numbness and tingling, as per progress report dated 07/22/15. The request is for FEXMID (CYCLOBENZAPRINE) 7.5mg QTY 60.00. There is no RFA for this case, and the patient's date of injury is 03/10/15. Diagnoses, as per progress report dated 07/22/15, included cervical and lumbar spine strain, HNP C4-5 and C5-6; right shoulder sprain and impingement; and partial rotator cuff tear. Medications included Naproxen, Cyclobenzaprine, Pantoprazole, and Lunesta. The patient is temporarily totally disabled, as per the same progress report. MTUS Chronic Pain Medical Treatment Guidelines 2009 pg 63-66 and Muscle relaxants section states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. MTUS, Chronic Pain Medication Guidelines 2009, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. In this case, the Cyclobenzaprine was first noted in progress report dated 03/17/15. It appears that the patient has been taking the medication since then. As per progress report dated 07/22/15, medications help reduce the pain from 7/10 to 2/10. In the same report, the treater states the patient has found these helpful in the past in decreasing muscle spasms. As per the report, the medications allow improved ADL's including the ability to ambulate, use the bathroom, provides self care, cook, and clean. The patient's ability to function is much improved with the use of the prescribed medications and has resulted in a marked decrease in symptoms. In an appeal letter dated 07/12/15, the treater states muscle relaxants are used as a first, second, and third line of treatment for patients with acute, acute on chronic, and chronic pain, radiculopathy, and muscle spasms. While Cyclobenzaprine may benefit the patient, MTUS does not support long-term use of this medication beyond a 2 to 3 week period. Hence, the request IS NOT medically necessary.