

Case Number:	CM15-0189793		
Date Assigned:	10/01/2015	Date of Injury:	02/15/2011
Decision Date:	12/03/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/25/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 58 year old female, who sustained an industrial injury on 2-15-2011. Diagnoses include chronic pain syndrome, lower back pain, sciatica, lumbar-thoracic radiculopathy, spinal enthesopathy, fasciitis, and spondylolisthesis. Treatments to date include activity modification, medication therapy, physical therapy, TENS unit, and lumbar facet joint injections. On 9-3-15, she complained of no change in the pain of the low back with radiation to lower extremities and neck pain with radiation into the upper extremities. Pain was rated 7 out of 10 VAS with medication and 8-9 out of 10 VAS without medications. The records documented that without medication she is "in extreme pain and unable to perform activities of daily living." The records indicated Topamax, Norco, Flexeril, Ambien, Fentanyl, and Klonopin had been prescribed since at least 3/11/15. The record documented Flexeril was helpful for management of pain associated with muscle spasms. The physical examination documented cervical facet tenderness and positive cervical facet loading maneuvers. The lumbar spine demonstrated facet tenderness and positive facet loading maneuvers. There was decreased sensation and weakness noted in upper extremities bilaterally. The plan of care included ongoing medication therapy. The appeal requested authorization for Flexeril 7.5mg, one tablet two to three times daily, #60 and Lunesta 1mg, one tablet before bed as needed, #30. The Utilization Review dated 9-17-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #60, 1 tab bid to tid: 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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 7.5 mg #60, one PO BID to TID is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are chronic pain syndrome; lower back pain; sciatica; lumbar/thoracic radiculopathy; spinal enthesopathy; fasciitis unspecified; spondylolisthesis; muscle spasms; anxiety; neck pain; cervical radiculopathy. Date of injury is February 15, 2011. Request for authorization is September 10, 2015. According to progress note dated April 8, 2015, the treating provider prescribed Flexeril 7.5 mg. The utilization review indicates Flexeril use as far back as September 2014. According to a progress note dated June 15, 2015, the treating provider prescribed Ambien for sleep. According to a July 9, 2015 progress note, the treating provider changed Ambien to Lunesta. According to the most recent progress note dated September 3, 2015, subjective complaints include low back pain that radiates to the lower extremities. Neck pain radiates to the upper extremities. Pain score is 7/10 with medications. There are no sleep disorder symptoms documented in the record. There was a peer-to-peer conference call between utilization review and the PA (physician assistant). Utilization review recommended good sleep hygiene be addressed. The utilization review provider also recommended Flexeril weaning based on length of time. There is no documentation demonstrating objective functional improvement to support ongoing Flexeril 7.5 mg. The guidelines recommend Flexeril as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. There is no documentation of acute low back pain or any acute exacerbation of chronic low back pain. The guidelines recommend short-term treatment (less than two weeks). The treating provider has continued Flexeril in excess of five months. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of acute low back pain or an acute exacerbation of chronic low back pain and treatment continued in excess of five months (guidelines recommend less than two weeks), Flexeril 7.5 mg #60, one PO BID to TID is not medically necessary.

Lunesta 1mg #30, 1 tab qhs prn: 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), Mental Illness & Stress (Online version); ODG, Pain Chapter (Online version).

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

Decision rationale: Pursuant to the Official Disability Guidelines, Eszopicolone (Lunesta) 1 mg #30, one PO Q HS PRN is not medically necessary. Lunesta is not recommended for long-term use, but recommended for short-term use. The guidelines recommend limiting hypnotics to three weeks maximum in the first two months of injury only. Pain specialists rarely, if ever, recommend them for long-term use. They can be habit forming and may impair function and memory more than opiate pain relievers. See the guidelines for additional details. In this case, the injured worker's working diagnoses are chronic pain syndrome; lower back pain; sciatica; lumbar/thoracic radiculopathy; spinal enthesopathy; fasciitis unspecified; spondylolisthesis; muscle spasms; anxiety; neck pain; cervical radiculopathy. Date of injury is February 15, 2011. Request for authorization is September 10, 2015. According to progress note dated April 8, 2015, the treating provider prescribed Flexeril 7.5 mg. The utilization review indicates Flexeril use as far back as September 2014. According to a progress note dated June 15, 2015, the treating provider prescribed Ambien for sleep. According to a July 9, 2015 progress note, the treating provider changed Ambien to Lunesta. According to the most recent progress note dated September 3, 2015, subjective complaints include low back pain that radiates to the lower extremities. Neck pain radiates to the upper extremities. Pain score is 7/10 with medications. There are no sleep disorder symptoms documented in the record. There was a peer-to-peer conference call between utilization review and the PA (physician assistant). Utilization review recommended good sleep hygiene be addressed. The utilization review provider also recommended Flexeril weaning based on length of time. Lunesta is not recommended for long-term use, but recommended for short-term use. The treating provider prescribed Ambien, at a minimum, for one month starting June 15, 2015 (according to the progress note). Lunesta was continued from July 9, 2015 through the current request dated September 10, 2015 (an additional eight weeks). Lunesta is not recommended for long-term use. There is no documentation demonstrating objective functional improvement. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, and treatment continued in excess of the recommended guidelines for short-term use, Eszopicolone (Lunesta) 1 mg #30, one PO Q HS PRN is not medically necessary.