

Case Number:	CM15-0191670		
Date Assigned:	10/05/2015	Date of Injury:	01/21/2007
Decision Date:	11/12/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/29/2015

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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

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 63 year old female, who sustained an industrial-work injury on 1-21-07. A review of the medical records indicates that the injured worker is undergoing treatment for chronic low back pain and right lumbar radiculitis. Medical records dated (6-18-15 to 8-25-15) indicate that the injured worker complains of low back pain. She reports sleeping better with Lunesta. Per the treating physician report dated 8-25-15, the injured worker has not returned to work and is on permanent disability. The physical exam dated 8-25-15 reveals decreased lumbar lordosis, tenderness to the right L5-S1 paraspinals with taut bands felt. The range of motion is decreased for pelvic flexion and extension and there is decreased strength and decreased sensation at L5 and S1 dermatomes to light touch on the right side. There is no urine drug screen reports noted. Treatment to date has included pain medication, Lunesta since at least 6-18-15, Cyclobenzaprine since at least 6-18-15, diagnostics, off work, home exercise program (HEP) and other modalities. The requested services included Lunesta 2mg, #60 and Cyclobenzaprine 7.5mg, #120. The original Utilization review dated 9-21-15 non-certified the request for Lunesta 2mg, #60 and Cyclobenzaprine 7.5mg, #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2mg, #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), Pain - 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 illness and stress.

Decision rationale: CA MTUS/ACOEM is silent on the issue of Lunesta. According to the ODG, Mental Illness and stress chapter, Lunesta is, "Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers." In this case, the injured worker is being treated for an injury from 2007, and treatment with this medication is recommended only within 2 months following the injury. In addition, there is lack of documentation of insomnia from the exam note of 8/25/15 to support Lunesta. Therefore, the request is not medically necessary.

Cyclobenzaprine 7.5mg, #120: 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: CA MTUS Chronic Pain Medical Treatment Guidelines, pages 64-65, reports that muscle relaxants are recommended to decrease muscle spasm in condition such as low back pain although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. CA MTUS Chronic Pain Medical Treatment Guidelines, page 41 and 42, report that Cyclobenzaprine is recommended as an option, using a short course of therapy. See Medications for chronic pain for other preferred options. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. In this case, the injury occurred in 2007 and is chronic. Cyclobenzaprine has been used since at least 6/18/15 and the recommendations do not support prolonged use. Therefore, the request is not supported by the guidelines and is not medically necessary.