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| Case Number: | CM15-0192915 | | |
| Date Assigned: | 10/07/2015 | Date of Injury: | 10/05/2011 |
| Decision Date: | 11/20/2015 | UR Denial Date: | 09/23/2015 |
| Priority: | Standard | Application Received: | 10/01/2015 |

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 45 year old male, who sustained an industrial injury, October 11, 2015. The injured worker was undergoing treatment for postlaminectomy syndrome, chronic low back pain, status post fusion L5-S1 in 2012 and hardware removal 2013. According to progress note of September 11, 2015; the injured worker's chief complaint was low back and lower extremity pain. The injured worker was taking 6 Norco a day. The injured worker was back to work. The injured worker continued to have aching pain across the low back. The pain radiated in the posterior legs, worse on the left. The Gabapentin made the injured worker sleepy in the day time. The injured worker used Lunesta periodically for sleep. The injured worker pain level without pain medication was 9-10 out of 10. The pain level with medications was 7-8 out of 10. The pain was worse with prolonged positions and decreased with pain medication. The physical exam noted night sweats, fatigue, muscle pain, muscle weakness, and numbness. According to the progress note of April 10, 2015, the injured worker was taking Tramadol and Norco was discontinued. The injured worker previously received the following treatments on September 11, 2015 the urine toxicology was negative for any findings, Norco was restarted in May 2015, Lunesta since April 10, 2015, Gabapentin, Flexeril since April 10, 2015, Tramadol, TENS (transcutaneous electrical nerve stimulator) unit on a regular basis which helped diminish the pain, physical therapy, Tramadol was tried, but caused mood problems and lumbar spine MRI. The RFA (request for authorization) dated the following treatments were requested prescriptions for Flexeril 7.5mg #60, Lunesta 2mg #30 and Norco 10-325mg #180. The UR (utilization review board) denied certification on September 23, 2015; for prescriptions for Flexeril 7.5mg #60, Lunesta 2mg #30 and Norco 10-325mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

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

Decision rationale: Based on the 09/11/15 progress report provided by treating physician, the patient presents with low back and lower extremity pain rated 7-8/10 with and 9-10/10 without medications. The patient is status post fusion L5-S1 in 2012 and hardware removal 2013. The request is for Flexeril 7.5MG #60. Patient's diagnosis per Request for Authorization form dated 08/18/15 includes paresthesias, chronic radicular low back pain, and postlaminectomy lumbar syndrome. The patient's gait is slightly antalgic. Physical examination to the lumbar spine on 09/11/15 revealed mild spasm and tenderness to the paraspinal muscles. Range of motion was decreased, especially on extension 10 degrees. Positive straight leg raise test on the left. Treatment to date has included surgery, imaging and electrodiagnostic studies, physical therapy, TENS and medications. Patient's medications include Flexeril, Norco, Gabapentin and Lunesta. The patient is working full-time, per 09/11/15 report. MTUS, Muscle relaxants for pain Section, pg 64 states that Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. (e.g. Amitriptyline). This medication is not recommended to be used for longer than 2-3 weeks." MTUS, Cyclobenzaprine (Flexeril) Section, page 41 states: "Recommended as an option, using a short course of therapy." Flexeril has been included in patient's medications per progress reports dated 04/10/15, 06/10/15 and 09/11/15. It is not known when this medication was initiated. MTUS recommends Flexeril, only for a short period (no more than 2-3 weeks). The patient has been prescribed this medication at least since 04/10/15, which is more than 5 months from UR date of 09/23/15. The request for additional prescription of Flexeril would exceed guideline recommendations. Furthermore, the request for quantity 60 does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

Norco 10/325mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Based on the 09/11/15 progress report provided by treating physician, the patient presents with low back and lower extremity pain rated 7-8/10 with and 9-10/10 without medications. The patient is status post fusion L5-S1 in 2012 and hardware removal 2013. The request is for Norco 10/325 MG #180. Patient's diagnosis per Request for Authorization form dated 08/18/15 includes paresthesias, chronic radicular low back pain, and postlaminectomy lumbar syndrome. The patient's gait is slightly antalgic. Physical examination to the lumbar spine on 09/11/15 revealed mild spasm and tenderness to the paraspinal muscles. Range of motion was decreased, especially on extension 10 degrees. Positive straight leg raise test on the left. Treatment to date has included surgery, imaging and electrodiagnostic studies, physical therapy,

TENS and medications. Patient's medications include Flexeril, Norco, Gabapentin and Lunesta. The patient is working full-time, per 09/11/15 report. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria For Use Of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Norco has been included in patient's medications per progress reports dated 04/10/15, 06/10/15 and 09/11/15. It is not known when this medication was initiated. Per 09/11/15 report, treater states the patient "is able to concentrate and work with machinery, I will allow him to take six a day. I reviewed the patient's CURES report, which is from 08/05/15, which is consistent. I reviewed his urine toxicology screen from 06/10/15, which was consistent. I reviewed his opioid agreement, which is signed and in the chart. The clinical history, physical exam, and imaging and diagnostic studies suggest that [the patient's] pain is a combination of nociceptive pain and neuropathic pain, moderate to severe in intensity." In this case, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request appears to be in accordance with guidelines. Therefore, this request IS medically necessary.

Lunesta 2mg #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), Pain, Eszopicolone (Lunesta).

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 Eszopicolone.

Decision rationale: Based on the 09/11/15 progress report provided by treating physician, the patient presents with low back and lower extremity pain rated 7-8/10 with and 9-10/10 without medications. The patient is status post fusion L5-S1 in 2012 and hardware removal 2013. The request is for Lunesta 2MG #30. Patient's diagnosis per Request for Authorization form dated 08/18/15 includes paresthesias, chronic radicular low back pain, and postlaminectomy lumbar syndrome. The patient's gait is slightly antalgic. Physical examination to the lumbar spine on 09/11/15 revealed mild spasm and tenderness to the paraspinal muscles. Range of motion was decreased, especially on extension 10 degrees. Positive straight leg raise test on the left. Treatment to date has included surgery, imaging and electrodiagnostic studies, physical therapy, TENS and medications. Patient's medications include Flexeril, Norco, Gabapentin and Lunesta. The patient is working full-time, per 09/11/15 report. ODG-TWC, Mental & Stress Chapter under Eszopicolone (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." Lunesta has been included in patient's medications per progress reports dated 04/10/15, 06/10/15 and 09/11/15. It is not known when this medication was initiated. Guidelines allow short-term use of this medication to address insomnia. ODG

recommends short-term use of up to 3 weeks. This patient has been prescribed this medication at least since 04/10/15, which is more than 5 months from UR date of 09/23/15. The request for additional prescription of Lunesta would exceed guideline recommendations. In addition, the "FDA has lowered the recommended starting dose of Eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women," and the request is for 2mg. Furthermore, the request for quantity 30 does not indicate intended short-term use of this medication. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.