

Case Number:	CM15-0205350		
Date Assigned:	10/22/2015	Date of Injury:	12/07/2010
Decision Date:	12/04/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46-year-old male who sustained an industrial injury on 12-07-2010. According to a progress report dated 09-16-2015, the injured worker reported low back pain. Review of systems was positive for high blood pressure, joint pain, muscle spasm and sore muscles. Diagnoses included lumbar spine musculoligamentous sprain strain with right lower extremity radiculitis and four mm disc protrusion at L4-L5 and L5-S1 with stenosis, 3 mm disc protrusion at L3-L4 and multilevel disc desiccation and facet osteoarthritis per MRI scan dated 08-28-2014; MRI scan dated 05-27-2015 revealed mild to moderate stenosis at L5-S1 moderate left foraminal stenosis at L4-L5 and mild to moderate stenosis at L3-L4. Current medications included Tramadol, Fexmid and Sonata. Functional benefits of medications included: better able to do housework, bathing, self-care, cooking, dishes, dressing and laundry, improved participation in home exercise program and ability to work. The treatment plan included request for authorization for weight loss program, proceed with surgical consultation and medication refills for Ultram, Fexmid and Sonata. Follow up was indicated in 4-6 weeks. On 09-25-2015, Utilization review non-certified the request for Fexmid (Cyclobenzaprine) 7.5 mg quantity 60 and Sonata (Zaleplon) 10 mg quantity 30. The request for Ultram and a quantitative urine drug screen was authorized. Documentation shows use of Cyclobenzaprine dating back to 03-18-2015. On 04-30-2015, Fexmid (Cyclobenzaprine) was noted as not effective and was discontinued. The provider noted that Zanaflex was prescribed. On 07-27-2015, the injured worker's current medication regimen included Fexmid (Cyclobenzaprine). At that time, the provider noted that the injured worker had been unable to sleep secondary to muscle spasm and was prescribed Sonata during that visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid (Cyclobenzaprine) 7.5mg, QTY: 60.00: Overturned

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

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

Decision rationale: The claimant sustained a work injury in December 2010 while working as a Police Officer with injury to the low back and is being treated for low back pain with right lower extremity radiating symptoms. In July 2015, right lower extremity numbness had resolved after an epidural steroid injection in April 2015. He had frequent, moderate pain rated at 6-7/10. He had cramping, spasms, and weakness. Review of systems was negative for sleep disturbance. Physical examination findings included lumbar tenderness with spasms. There was positive right straight leg raising. There was decreased lumbar range of motion and pain with extension. There was decreased lower extremity dermatomal sensation. Sonata was started with reference to difficulty sleeping due to muscle spasms. In September 2015, he had low back pain. There was a pending surgical evaluation. He had gained weight due to pain interfering with his ability to exercise. Physical examination findings included lumbar tenderness with spasms. Right straight leg raising was positive. There was limited lumbar range of motion. There was dermatomal hyperesthesia. Sonata was refilled. Fexmid 7.5 mg #60 was prescribed without refills. Fexmid (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy in patients with muscle spasms. In this case, when prescribed, the treating provider documented the presence of muscle spasms. This was an initial prescription without refills and the claimant was having difficulty sleeping due to muscle spasms. The request is for a one-month supply, which is considered medically necessary.

Sonata (Zaleplon) 10mg, QTY: 30.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant sustained a work injury in December 2010 while working as a Police Officer with injury to the low back and is being treated for low back pain with right lower extremity radiating symptoms. In July 2015 right lower extremity numbness had resolved after an epidural steroid injection in April 2015. He had frequent, moderate pain rated at 6-7/10. He had cramping, spasms, and weakness. Review of systems was negative for sleep disturbance. Physical examination findings included lumbar tenderness with spasms. There was positive right straight leg raising. There was decreased lumbar range of motion and pain with extension. There was decreased lower extremity dermatomal sensation. Sonata was started with reference to difficulty sleeping due to muscle spasms. In September 2015, he had low back pain. There was a pending surgical evaluation. He had gained weight due to pain interfering with his ability to exercise. Physical examination findings included lumbar tenderness with spasms. Right straight

leg raising was positive. There was limited lumbar range of motion. There was dermatomal hyperesthesia. Sonata was refilled. Fexmid 7.5 mg #60 was prescribed without refills. Sonata (zaleplon) is a sedative hypnotic medication used to treat insomnia. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the claimant has difficulty sleeping due to muscle spasms, which could be treated directly, and Fexmid (cyclobenzaprine) was prescribed. The continued prescribing of Sonata is not medically necessary.