

Case Number:	CM15-0031297		
Date Assigned:	02/24/2015	Date of Injury:	09/08/2009
Decision Date:	04/06/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/19/2015

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: Preventive Medicine, Occupational 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 55 year old female, who sustained a work/ industrial injury on 9/8/09 due to repetitive motion. She has reported symptoms of bilateral neck pain and headaches. Prior medical history was not documented. The diagnoses have included displacement of cervical intervertebral disc without myelopathy, chronic pain syndrome, and degeneration of cervical intervertebral disc. Treatments to date included medication, therapy and exercises. Steroid injections were declined. Medications included tramadol, cyclobenzaprine, gabapentin, and Lunesta. The treating physician's report (PR-2) from 2/2/15 indicated the IW had bilateral neck pain and frontal headache. There was radiation of pain to both shoulders and arms. Pain was described as achy, band-like, crushing, pulsating, shooting, stabbing, throbbing, and tightness and vice-like. It was rated 6-10/10. There was also associated bilateral upper extremity weakness, numbness and tingling in the right upper extremity in the C6 dermatome, stiffness and spasms of the neck. There was depression and anxiety. Symptoms were relieved by exercise, physical therapy, and medication. A request was made for medication for pain management and sleep. On 2/5/15, Utilization Review non-certified a Cyclobenzaprine 10mg #90, citing the California Medical treatment Utilization Schedule (MTUS) Guidelines. On 2/5/15, Utilization Review non-certified Lunesta 2 mg #30, citing Official Disability Guidelines (ODG); Insomnia Treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2 mg #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); Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults. Schutte-Rodin S, et al, J Clin Sleep Med 2008;4(5):487-504.

Decision rationale: Lunesta (eszopiclone) is a non-benzodiazepine hypnotic agent indicated for the treatment of insomnia. According to the definition by the consensus guideline for treatment of insomnia, insomnia is the subjective perception of difficulty with sleep initiation, duration, consolidation, or quality that occurs despite adequate opportunity for sleep, and that results in some form of daytime impairment. Importantly, the diagnosis requires this associated daytime dysfunction (by definition as per the International Classification of Sleep Disorders). Once diagnosis is made and secondary causes have been ruled out, first line treatment is with a non-benzodiazepine hypnotic agent. This patient has used Lunesta for over 1 month for a sleep disorder considered to be secondary to pain. The medical records do not document the presence of daytime symptoms nor an evaluation to identify whether the cause of the disorder is due to the patient's pain symptoms or other co-morbid disease states. If pain is the true cause of the sleep disorder then optimizing treating pain, not inducing sleep, is the goal of therapy. For example, sedating antidepressants are a MTUS recommended first line of treatment for chronic pain but this patient is not on any of these medications. Continued use of this medication is thus not medically indicated until the above evaluation is completed. Medical necessity has not been established.

Cyclobenzaprine 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Muscle Relaxants; Cyclobenzaprine Page(s): 41-2, 63-66.

Decision rationale: Cyclobenzaprine (Flexeril) is classified as a sedating skeletal muscle relaxant. This class of medications can be helpful in reducing pain and muscle tension thus increasing patient mobility. Muscle relaxants as a group, however, are recommended for short-term use only as their efficacy appears to diminish over time. In fact, studies have shown cyclobenzaprine's greatest effect is in the first 4 days of treatment after which use may actually hinder return to functional activities. They are considered no more effective at pain control than non-steroidal anti-inflammatory medication (NSAIDs) and there is no study that shows combination therapy of NSAIDs with muscle relaxants have a demonstrable benefit. This patient

has been on cyclobenzaprine therapy for over one month. Since there is no documented provider instruction to use this medication on an 'add needed' basis and since the patient continues to experience recurrent muscle spasms while taking the medication there is no indication to continue use of this medication. Medical necessity for use of muscle relaxants (as a class) or cyclobenzaprine (specifically) has not been established.