

Case Number:	CM15-0038814		
Date Assigned:	03/09/2015	Date of Injury:	04/14/2009
Decision Date:	04/16/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/02/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 56-year-old male who sustained an industrial injury on 04/14/2009. The requested treatments include Flector patches, Skelaxin, and Lunesta. Current diagnoses include elbow pain and extremity pain. Previous treatments included medication management, elbow surgery x2, home exercise program, and TENS unit. Report dated 01/12/2015 noted that the injured worker presented with complaints that included left elbow pain, difficulty sleeping, and decreased activity level. Pain level was rated as 6 out of 10 on the visual analog scale (VAS) with medications. Current medication regimen includes Neurontin, Baclofen, Doxepin, Keppra, Lunesta, Skelaxin, and lidocaine patch. Physical examination was positive for abnormal findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3 mg tablet, thirty count: 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 and Mental Illness & Stress Chapters.

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

Decision rationale: Guidelines recommend Lunesta for short-term treatment of insomnia. In this case, the clinical documents failed to describe the efficacy of the Lunesta and also did not provide the necessity for long term use. The request for Lunesta 3 mg #30 is not medically appropriate and necessary.

Skelaxin 800 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone Page(s): 61.

Decision rationale: Guidelines do not support the chronic use of muscle relaxants and Skelaxin is recommended with caution in cases of acute exacerbations of back pain. These medications are effective only in the first 2-4 weeks and patients may develop rapid tolerance. In this case, the patient has been on Skelaxin for months. Thus, the request for Skelaxin 800 mg # 60 is not medically appropriate and necessary.

Flector 1.3% patch, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111 - 113.

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

Decision rationale: Guidelines do not recommend Flector patch as first line treatment of osteoarthritis and should be used when there is a failure of NSAIDs or contraindication to NSAIDs. In this case, the patient has chronic pain, but the indication for the Flector patch is not documented. There is no documentation of failed or contraindicated NSAIDs. Thus, the request for Flector Patch 1.3% #60 is not medically appropriate and necessary.