

Case Number:	CM15-0051996		
Date Assigned:	03/25/2015	Date of Injury:	11/12/1986
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/18/2015

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 54 year old male, who sustained an industrial injury on 11/12/86. The injured worker has complaints of back pain. The diagnoses have included cervical spondylosis; cervical spinal stenosis and degeneration of lumbar or lumbosacral intervertebral disc. Comorbid conditions include alcohol abuse. The documentation noted that the injured worker was status post Anterior Cervical Decompression and Fusion C5-6, C6-7 on 1/18/13; status post anterior lumbar interbody fusion (ALIF) L4-5, L5-S1 followed by lumbar laminotomies and partial facetectomies and foraminotomies, L4-5, L5-S1 on 11/11/14; X-rays showed good position of hardware at L4-5 and L5-S1. Treatment has also included physical therapy, chiropractic therapy and medications. The requested treatment is for flexeril and Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant.

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

Decision rationale: Cyclobenzaprine (Flexeril) is classified as a sedating skeletal muscle relaxant. It is recommended to be used three times per day. 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. Muscle relaxants 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 has a demonstrable benefit. This patient has been on muscle relaxant therapy for over 12 months. There is no documentation that this medication has added to the patient's present level of function. Medical necessity for continued use of muscle relaxants (as a class) or Flexeril (specifically) has not been established. Therefore, the requested treatment is not medically necessary.

Lunesta 3 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), Lunesta.

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. Therefore, the requested treatment is not medically necessary.

