

<b>Case Number:</b>	CM15-0053134		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	02/19/2004
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: New Jersey

Certification(s)/Specialty: Family Practice

### 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 72 year old male, who sustained an industrial injury on February 19, 2004. He reported left shoulder pain and low back pain. The injured worker was diagnosed as having status post laminectomy and interbody fusion of the lumbar spine. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the lumbar spine, conservative treatments, medications and activity modifications. Currently, the injured worker complains of left shoulder pain and low back pain with radiating tingling and numbness to the lower extremities. The injured worker reported an industrial injury in 2004, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on June 18, 2014, revealed continued pain. Evaluation on February 15, 2015, revealed continued low back pain and decreased leg pain. Medications were adjusted and renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sonata 10 mg, 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 Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness section, sedative hypnotics AND the Pain section, insomnia treatment.

**Decision rationale:** The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, chronic use of Sonata is not recommended and is also more risky, considering the worker's age. Therefore, the request for Sonata will not be considered medically necessary.

**Flexeril 10 mg, ninety count with one refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was no evidence found in the notes provided to show recent acute flare-up of muscle spasm pain which might have warranted a short course of a muscle relaxant such as Flexeril, but rather there was only evidence of persistent chronic pain. Continuation of Flexeril in this case would be inappropriate and not medically necessary.