

<b>Case Number:</b>	CM15-0058859		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	03/21/2011
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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: Arizona, California  
 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 45 year old male, who sustained an industrial injury on 3/21/11. He reported initial complaints of right shoulder and cervical pain. The injured worker was diagnosed as having cervicalgia, post-laminectomy syndrome cervical region; cervicobrachial syndrome; enthesopathy site not otherwise specified; pain in joint of shoulder. Treatment to date has included status post right shoulder arthroscopy (2011); MR Arthrogram right shoulder (8/6/13); EMG/NCV upper extremities (7/23/13); MRI cervical spine (7/30/13); status post cervical C6-C7 fusion (2/4/14); MRI right shoulder (12/12/14). Currently, the PR-2 notes dated 2/2/15, the injured worker complains of right shoulder pain and cervical spine pain. The injured worker states he has had no relief of right shoulder pain from his surgery in 2011. The neck pain is described as in the base of the neck and stiffness in the shoulder. Both areas are equally painful. The visit notes dated 2/2/15 indicated the injured worker is taking Cyclobenzaprine, Naproxen and Omeprazole. The provider has prescribed Celebrex, Flexeril, Prilosec and Lunesta. These medications are requested for this review: 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 at nights (reduced from 10 mg 2 times daily): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 63.

**Decision rationale:** According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for several months in combination with NSAIDs with persistent 8/10 pain. The chronic and continued use of Flexeril is not medically necessary.

**Lunesta 1 mg Qty 30, for sleep:** 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 ODG- pain chapter and pg 64.

**Decision rationale:** The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Although Lunesta may be used longer than other insomnia medications, in this case, the sleep disturbance/etiology was not identified. Failure in behavioral interventions was not mentioned. The request for Lunesta is not substantiated and not medically necessary.