

Case Number:	CM15-0059112		
Date Assigned:	04/03/2015	Date of Injury:	10/18/2010
Decision Date:	06/11/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49-year-old female who reported an injury on 10/18/2010. The mechanism of injury was not specifically stated. The current diagnoses include cervicalgia, cervical radiculopathy, cervical disc protrusion, cervical facet syndrome, bilateral shoulder pain, occipital neuralgia, temporomandibular joint dysfunction, anxiety, depression, myalgia, headaches, and insomnia. The injured worker presented on 01/19/2015 for a follow-up evaluation with complaints of headache as well as neck and back pain. The injured worker reported an improvement in constipation symptoms with the use of Colace. Upon examination, there was a positive Spurling's test, intact sensation, weakness in the right groin area, diminished grip strength on the right, tenderness to palpation over the cervical paraspinal musculature, upper trapezius and scapular border tenderness, lumbar paraspinal muscle tenderness, and bilateral shoulder tenderness. Recommendations included a refill of Butrans 20 mcg, Restoril 30 mg, and Zanaflex 4 mg. A urinalysis was also being requested to determine the levels of the prescription and the presence of any nonprescription drugs. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 20mcg #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27.

Decision rationale: California MTUS Guidelines state buprenorphine is recommended for treatment of opioid addiction. It is also recommended as an option for treating chronic pain after detoxification in patients who have a history of opioid addiction. In this case, the injured worker has utilized the above medication since at least 11/2014. There is no documentation of objective functional improvement despite the ongoing use of this medication. There is also no frequency listed in the request. As such, the request is not medically necessary.

Restoril 30mg #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, Pain Chapter, Insomnia.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: California MTUS Guidelines do not recommend long-term use of benzodiazepines because long term efficacy is unproven and there is a risk of dependence. The medical necessity for a benzodiazepine has not been established. The injured worker is also prescribed Lunesta 2 mg for insomnia. The request as submitted also failed to indicate a frequency. Guidelines would not support long-term use of this medication. Given the above, the request is not medically necessary.

Zanaflex 4mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain.

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

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker has continuously utilized the above medication since at least 11/2014. Guidelines do not support long-term use of this medication. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

Lunesta 2mg #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, Pain Chapter, Insomnia.

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

Decision rationale: The Official Disability Guidelines recommend insomnia treatment based on etiology. Lunesta has demonstrated reduced sleep latency and sleep maintenance. In this case, the injured worker does maintain a diagnosis of insomnia. However, there is no documentation of a failure of non-pharmacologic treatment prior to the request for a prescription product. Additionally, there is no frequency listed in the request. As such, the request is not medically appropriate.