

Case Number:	CM15-0080370		
Date Assigned:	05/01/2015	Date of Injury:	08/08/2008
Decision Date:	06/08/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/27/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 47 year old female, who sustained an industrial injury on 8/2/2008. She reported falling and feeling pain from the base of her head to her tailbone. Diagnoses have included L4-5 and L5-S1 disc degeneration, L4-S1 stenosis, left leg radiculopathy, lumbago, Reflex Sympathetic Dystrophy of lower limb, lumbar post-laminectomy syndrome, thoracic/lumbosacral neuritis/radiculitis and unspecified myalgia and myositis. Treatment to date has included posterior lumbar interbody fusion (PLIF) and medication. According to the pain management visit dated 11/19/2014, the injured worker complained of increased left leg pain and increased difficulty ambulating. She reported averaging about three hours of sleep per night. It was noted that a Lunesta trial helped with sleep. She rated her average pain as 7/10. She continued to have complaints of ongoing low back pain with radicular symptoms to the left that was neuropathic. She reported that her foot was cold. She ambulated with a single point cane with an antalgic gait. There was tenderness and spasm of the paralumbar muscles. Authorization was requested for Zanaflex and Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxers Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxers.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Zanaflex 4 mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are spasm of muscle; lumbago; reflex sympathetic dystrophy lower limb; post laminectomy syndrome lumbar region; and degenerative lumbosacral disc; thoracic/lumbosacral neuritis/radiculitis unspecified; and unspecified myalgia and myositis. Documentation from several progress notes by different treating providers indicates a discrepancy of prescribed controlled substances. In a progress note dated November 4, 2014, the treating provider prescribed fentanyl 75 g, oxycodone and subsys. In a progress note dated November 25, 2014, the injured worker was taking Soma 350 mg, Lunesta 3 mg, fentanyl and Percocet. In a November 19, 2014 (by the requesting physician), the injured worker was using Fentanyl, Lunesta, Methadone, Oxycodone, Subsys, and Zanaflex. Three different providers provided three different lists of current medications in November 2014. The request for authorization (for Zanaflex 4 mg) is dated April 4, 2015. The most recent progress note by the requesting provider is dated November 19, 2014. There is no clinical indication or rationale in the medical record for ongoing Zanaflex 4 mg. Additionally, Zanaflex is indicated for short-term (less than two weeks). Zanaflex was documented in November 19, 2014 progress note. A refill in April 2015 indicates the injured worker would be using Zanaflex in excess of five months. This is in excess of the recommended guidelines for short-term use. Consequently, absent compelling clinical documentation with the contemporaneous progress note on or about April 4, 2015 in excess of the recommended guidelines for short-term use, Zanaflex 4 mg #60 is not medically necessary.

Lunesta 3mg (unspecified qty): 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 Official Disability Guidelines (ODG) Pain section, Lunesta.

Decision rationale: Pursuant to the Official Disability Guidelines, Eszopicolone (Lunesta) 3 mg unspecified quantity is not medically necessary. Lunesta is not recommended for long-term use, but recommended for short-term use. The guidelines recommend limiting hypnotics to three weeks maximum in the first two months of injury only. Pain specialists rarely, if ever, recommend them for long-term use. They can be habit forming and may impair function and

memory more than opiate pain relievers. See the guidelines for additional details. In this case, the injured worker's working diagnoses are spasm of muscle; lumbago; reflex sympathetic dystrophy lower limb; post laminectomy syndrome lumbar region; and degenerative lumbosacral disc; thoracic/lumbosacral neuritis/radiculitis unspecified; and unspecified myalgia and myositis. Documentation from several progress notes by different treating providers indicates a discrepancy of prescribed controlled substances. In a progress note dated November 4, 2014, the treating provider prescribed fentanyl 75 g, oxycodone and subsys. In a progress note dated November 25, 2014, the injured worker was taking Soma 350 mg, Lunesta 3 mg, Fentanyl and Percocet. In a November 19, 2014 (by the requesting physician), the injured worker was using Fentanyl, Lunesta, Methadone, Oxycodone, Subsys, and Zanaflex. Three different providers provided three different lists of current medications in November 2014. The request for authorization (for Zanaflex 4 mg) is dated April 4, 2015. The most recent progress note by the requesting provider is dated November 19, 2014. The documentation indicates the injured worker has sleep difficulties. Lunesta is recommended for short-term use area the guidelines recommend limiting hypnotics to three weeks maximum in the first two months of injury only. The injured worker was using Lunesta in a progress note dated November 25th 2014. The request for authorization is April 4, 2015. The injured worker has been using Lunesta in excess of three months. This is in excess of the recommended guidelines for short-term use. Consequently, absent compelling clinical documentation with objective functional improvement to support ongoing Lunesta in excess of the recommended guidelines for short-term use, Eszopicolone (Lunesta) 3 mg unspecified quantity is not medically necessary.