MAXIMUS Federal Services

Case Number:	CM14-0115462		
Date Assigned:	08/04/2014	Date of Injury:	08/30/1999
Decision Date:	10/20/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/23/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 with a date of injury of August 30, 1999. The diagnoses include lumbar radiculopathy, cervical laminectomy syndrome, and chronic insomnia. She had a cervical spine fusion in 2008 and back surgery in 2012. Her complaints are that of neck and low back pain and poor sleep. She has been maintained on Skelaxin 800 mg twice daily for at least the last 10 months, Sonata for several months to assist with sleep but has been on a variety of sleep aids previously, and Nucynta for pain control most recently. Her physical exam reveals diminished cervical range of motion with tenderness to palpation of the spinous processes of C5-C7 and the paraspinous musculature. Spurling's test is positive. The lumbar spine reveals diminished range of motion, spasm and tenderness of the paraspinous musculature, and diminished sensation of the left lateral foot and calf. Poor sleep is consistently documented in the progress notes available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 80mg # 60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Low Back>, <Muscle Relaxants>

Decision rationale: The guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. In this instance, the Skelaxin has been in continuous use for at least the last 10 months. The daily, chronic use of this medication is not indicated according to the above guidelines and therefore Skelaxin 800 mg # 60 is not medically necessary.

Sonata 5mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES

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>, <Insomnia Treatment>

Decision rationale: The guidelines recommend that treatment for insomnia be based on the etiology. 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. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. The majority of studies have only evaluated short-term treatment (i.e., 4 weeks) of insomnia; therefore more studies are necessary to evaluate the efficacy and safety of treatments for long-term treatment of insomnia. Sonata is specifically indicated for the short-term treatment of insomnia. In this instance, the Sonata has been used 20 of 30 days each month for the last several months and therefore can no longer be said to be use on a short-term basis. Additionally, it appears that the specific component of insomnia has not been addressed and that no investigation seems to have occurred to determine the actual cause of the insomnia, be it physical or psychological. There is no documentation that the use of Sonata has resulted in better sleep. Based on the above guidelines, this request is not medically necessary.