

<b>Case Number:</b>	CM14-0139751		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	08/05/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 Orthopedic Surgery, has a subspecialty in Sports Medicine, and is licensed to practice in California. 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 54-year-old female who reported an injury on 08/05/2012. The mechanism of injury was from repetitive motion. The diagnoses included cervical spine, right and left shoulder musculoligamentous sprain/strain; right and left elbow lateral epicondylitis; right and left wrist musculoligamentous sprain/strain. Previous treatments included medication. In the clinical note dated 07/21/2014, it was reported the injured worker complained of left shoulder and cervical spine pain. On the physical examination, the provider noted the injured worker had tenderness and spasm of the cervical spine. The provider indicated the injured worker had decreased range of motion. Request submitted is for Lunesta, Tylenol, Flexeril. However, a rationale was not provided for clinical review. The Request for Authorization was submitted and dated 08/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 3 mg #30 QHS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index, 11th Edition (web), 2013, Mental Illness & amp; Stress, Eszopicolone (Lunesta)

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

**Decision rationale:** The request for Lunesta 3 mg #30 at night is not medically necessary. Official Disability Guidelines do not recommend Lunesta for long term use but recommend it for short term use. The guidelines recommend that insomnia treatment be based on the etiology. The failure of sleep disturbances to resolve in 7 to 10 day period may indicate psychiatric or mental illness. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The clinical documentation submitted failed to document whether the injured worker was treated for insomnia. There is lack of clinical and objective findings indicating the injured worker had sleep disturbances. Therefore, the request is not medically necessary.

**Tylenol #3 #40 BID:** 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 Opioids, criteria for use, On-Going Management, Page(s): 78.

**Decision rationale:** The request for Tylenol #3 quantity 40 twice a day is not medically necessary. California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or in patient treatment with issues of abuse, addiction, or poor pain control. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The provider failed to document an adequate and complete pain assessment within the documentation. Additionally, the clinical documentation did not utilize a urine drug screen. Therefore, the request is not medically necessary.

**Flexeril 10 mg #30 QHS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64 and 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page(s): 63,64.

**Decision rationale:** The request for Flexeril 10 mg #30 at night is not medically necessary. The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in injured workers with chronic low back pain. The guidelines note that medication is not recommended to be used for longer than 2 to 3 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the

medication since at least 05/2014 which exceeds the guideline's recommendation of short term use. Therefore, the request is not medically necessary.