

Case Number:	CM15-0106134		
Date Assigned:	06/10/2015	Date of Injury:	06/20/1995
Decision Date:	07/14/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/02/2015

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: North Carolina
 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 56 year old male who sustained an industrial injury on 06/20/1995. The injured worker was diagnosed with chronic shoulder pain, post cervical laminectomy syndrome, right wrist sprain and chronic pain syndrome. The injured worker is status post anterior C4-C7 cervical fusion in February 1999 and right shoulder rotator cuff and SLAP repair in 2005. Treatment to date has included diagnostic testing with a recent cervical Computed Tomography (CT) and magnetic resonance imaging (MRI) on January 22, 2015, surgery, chiropractic therapy, transcutaneous electrical nerve stimulation (TEN's) unit, physical therapy, wrist splint and medications. According to the primary treating physician's progress report on May 18, 2015, the injured worker continues to experience neck pain radiating up his head causing headaches, right shoulder pain and numbness and tingling into the right arm and hand. The injured worker rates his pain level at 8-10/10 without medications and 4-7/10 with medications. Examination of the cervical spine noted significant tenderness in the paraspinal muscles and spasm in the upper trapezius on the right. Range of motion was severely decreased in all fields with extension causing dizziness. The right shoulder demonstrated abduction and forward flexion to about 95 degrees with impingement maneuvers eliciting pain. Spurling's was positive on the right. Sensation was decreased in all fingers of the right hand. Motor strength was noted as 5-/5 of the right upper extremity. Current medications are listed as Norco, Celebrex, Valium, Lunesta and Omeprazole. Treatment plan consists of continuing medication regimen and the current request for Flexeril and Lunesta renewals.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond 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. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.

Lunesta 3 mg #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Lunesta, 2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, insomnia.

Decision rationale: The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however, there is less evidence to support their use for insomnia, but they may be an option for in-patients with coexisting depression. The patient does not have the diagnosis of primary insomnia. There is also no documentation of first line insomnia treatment options such as sleep hygiene measures. Therefore, the request is not medically necessary.

