

Case Number:	CM15-0013534		
Date Assigned:	01/30/2015	Date of Injury:	11/12/1986
Decision Date:	03/18/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/22/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 53 year old male, who sustained an industrial injury on November 12, 1986. He has reported injury to his neck and back. The diagnoses have included cervical post laminectomy syndrome, lumbar radiculitis, non-dependent opioid abuse/continuous use and nonspecific alcohol dependence. Treatment to date has included diagnostic studies, surgery, chiropractic sessions, physical therapy and medications. Currently, the injured worker complains of ongoing radiating pain down the left leg to ankle and anterior thigh. There was also numbness in the left lower arm. His back was noted to be better. He rated his neck, arm, back and leg pain as an 8 on a 1-10 pain scale. The pain was noted to be better with weekly chiropractic treatments, physical therapy and medication and worse with prolonged sitting and walking. On December 26, 2014, Utilization Review non-certified Levitra 20 milligrams #15, noting Non-Medical Treatment Utilization Schedule Guidelines. Utilization Review modified a request for Flexeril 10 milligrams # 90 to #30 and modified a request for Lunesta 3 milligrams #30 to #20, noting the California Chronic Pain Treatment Guidelines and Official Disability Guidelines. On January 22, 2015, the injured worker submitted an application for Independent Medical Review for review of Levitra 20 milligrams #15, Flexeril 10 milligrams # 90 and Lunesta 3 milligrams #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg # 90: Upheld

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

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

Decision rationale: According to MTUS guidelines, Flexeril, a non sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent documentation of pain and spasticity improvement. Therefore the request for authorization Flexeril 10mg # 90 is not medically necessary.

Levitra 20mg # 15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/ppa/vardenafil-hydrochloride.html>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Erectile Dysfunction Medication

Decision rationale: Levitra is Phosphodiesterase-5 Enzyme Inhibitors used to treat erectile dysfunction. There is no documentation that the patient is suffering from a primary sexual dysfunction related to erectile dysfunction. Therefore the request is not medically necessary.

Lunesta 3mg # 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>

Decision rationale: According to ODG guidelines, <Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency>. Lunesta is not recommended for long-term use to treat sleep problems. Furthermore, there is no documentation of the use of non pharmacologic treatment for the patient's sleep issue. There is

no documentation and characterization of any recent sleep issues with the patient. Therefore, the prescription of Prospective request for 1 prescription of Lunesta 3mg #30 is not medically necessary.