

Case Number:	CM15-0115008		
Date Assigned:	06/23/2015	Date of Injury:	08/18/2010
Decision Date:	07/24/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/15/2015

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: Pennsylvania

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 57 year old male who sustained an industrial injury on August 18, 2010. The mechanism of injury was a fall. The injured worker has been treated for shoulder complaints. The diagnoses have included pain in the joint involving the shoulder and status post left shoulder arthroscopy. The injured worker also had a history of bundle branch block, heart murmur, cirrhosis of the liver and an abdominal hernia. Treatment and evaluation to date has included medications, radiological studies, MRI, physical therapy, functional restoration program evaluation, home exercise program and three left shoulder surgeries. Current documentation dated May 4, 2015 notes that the injured worker reported left shoulder pain and difficulty with lifting objects. The pain was noted to be worse when sleeping. Medications included Glyburide, Metformin, Voltaren gel and Flexeril. Examination of the shoulders and upper extremities revealed normal muscle tone without atrophy, muscle strength of 5/5 bilaterally and a full range of motion with some pain in the left shoulder. An empty-can and drop sign were negative bilaterally. The treating physician's plan of care included a request for Flexeril 10 mg # 30 with 2 refills and Rozerem 8 mg # 15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine, muscle relaxants Page(s): 41-42, 63-66.

Decision rationale: Regarding the medication Flexeril (Cyclobenzaprine) for pain relief, the Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in injured workers with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAID's) in pain relief and overall improvement. Also there is no additional benefit shown in combination with NSAID's. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than a placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. The greatest effect appears to be in the first 4 days of treatment. This medication is not recommended to be used longer than 2-3 weeks. The documentation supports the injured worker had chronic left shoulder pain and had been receiving Flexeril since at least May of 2014. There was no documentation of functional improvement as a result of use of flexeril. There was no documentation of decrease in work restrictions or improvement in activities of daily living. Due to length of use in excess of the guideline recommendations and lack of functional improvement, the request for Flexeril 10 mg # 90 is not medically necessary.

Rozerem 8mg #15: 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), Insomnia treatment.

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

Decision rationale: In regards to the medication Rozerem (melatonin-receptor agonist), the Medical Treatment Utilization Schedule (MTUS) does not address this medication. The Official Disability Guidelines state that 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. Rozerem is indicated for difficulty with sleep onset. A

systematic review concluded that there is evidence to support the short-term and long-term use of Rozerem to decrease sleep latency, however, total sleep time has not been improved. This medication is recommended for a short-term 7-10 days use only. No physician reports describe the specific criteria for a sleep disorder. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. There was no documentation of evaluation of sleep disturbance in the injured worker, and components insomnia were not addressed. Due to insufficient evaluation of sleep disturbance and number requested in excess of the guideline recommendations for duration of use, the request for Rozerem 8 mg, 1 tablet at night # 15 is not medically necessary.