

<b>Case Number:</b>	CM15-0120423		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	05/20/2010
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 37-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of May 20, 2010. In a Utilization Review report dated June 8, 2015, the claims administrator failed to approve requests for Flexeril and Rozerem. The claims administrator referenced an RFA form dated June 3, 2015 and associated progress note dated June 1, 2015 in its determination. The applicant's attorney subsequently appealed. On March 31, 2015, the applicant reported ongoing complaints of neck pain with ancillary complaints of headaches. The applicant was tearful, anxious, and apparently in severe distress. The applicant was asked to continue oxycodone. Multiple other medications were renewed. The applicant received Botox injection and cervical radiofrequency ablation procedure. The applicant's medications included Senna, Lidoderm, Flexeril, Inderal, Topamax, Celebrex, Maxalt, Rozerem, Cymbalta, MiraLax, oxycodone, generic cyclobenzaprine, and Wellbutrin. The note was very difficult to follow, mingled historical issues with current issues and was, at times, internally inconsistent. The attending provider stated in one section of the note, the applicant was to discontinue brand name Flexeril on the grounds that Flexeril was not helping. One sentence later, the attending provider stated that the applicant would continue generic cyclobenzaprine. On June 1, 2015, it was acknowledged that the applicant was not working. 8/10 pain complaints without medications and 3/10 pain with medications was reported. The note as were multiple other notes was very difficult to follow and internally inconsistent. Some sections stated that the applicant had returned to work, while it was concluded at the bottom of the report that the applicant was not working. Oxycodone, Flexeril, and Rozerem were ultimately renewed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **MED Flexeril 10mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); Functional Restoration Approach to Chronic Pain Management Page(s): 41; 7.

**Decision rationale:** No, the request for Flexeril (cyclobenzaprine) was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including oxycodone, Lidoderm, Cymbalta, Inderal, Maxalt, etc., it was reported on June 1, 2015. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 60-tablet supply of Flexeril (cyclobenzaprine) at issue represents treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the attending provider reported on a preceding progress note of March 31, 2015 that Flexeril was "not helping with muscle spasms." It was not clearly stated or clearly established why Flexeril was being continued, thus, given the applicant's reportedly poor response to the same. Therefore, the request was not medically necessary.

### **MED Rozerem 8mg #30: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Pain (Chronic), Insomnia treatment (3) Melatonin-receptor agonist: Ramelteon (Rozerem).

**Decision rationale:** Yes, the request for Rozerem, a sleep aid, was medically necessary, medically appropriate, and indicated here. The MTUS Guidelines in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. ODG's Chronic Pain Chapter Insomnia Treatment topic notes that Rozerem is a selective melatonin agonist, which is indicated for difficulty with sleep onset, is non-scheduled, and has been shown to have no abuse potential.

Here, the attending provider reported on June 1, 2015 that Rozerem was allowing the applicant to fall asleep in less than 20 minutes, versus 2 1/2 hours without the same. Rozerem, thus, per the attending provider's report, had ameliorated the applicant's issues with difficulties with sleep onset. Continuing the same, on balance, was indicated as: (a) Rozerem had proven effectual here; and (b) ODG indicates that Rozerem is a non-scheduled item with no abuse potential. Therefore, the request was medically necessary.