

Case Number:	CM15-0126199		
Date Assigned:	07/10/2015	Date of Injury:	03/02/2014
Decision Date:	08/11/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	06/30/2015

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: California

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 36 year old female who sustained an industrial injury on 03/02/14. Initial complaints and diagnoses are not available. Treatments to date include medications, home exercise program, and TENS therapy. Diagnostic studies are not addressed. Current complaints include neck and bilateral shoulder pain, as well as depression and sleep disturbance. Current diagnoses include cervical sprain/strain/radiculitis, bilateral shoulder pain/sprain/strain/tendinosis, impingement, thoracic sprain/strain, depression, and insomnia. In a progress note dated 06/17/15 the treating provider reports the plan of care as continued home exercise program, TENS unit, a cervical pillow, and medications including cyclobenzaprine, LidoPro, and eszopiclone as well as electrodiagnostic studies of the upper extremities. The requested treatments include cyclobenzaprine and eszopiclone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg/tab #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cyclobenzaprine Page(s): 41.

Decision rationale: The MTUS/Chronic Pain Medical Treatment guidelines comment on the use of muscle relaxants, including Cyclobenzaprine. Cyclobenzaprine is recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. In this case, the records indicate that Cyclobenzaprine is being used as a long-term treatment strategy for this patient's chronic symptoms. As noted in the above cited guidelines, only short-term treatment is recommended. There is no information in the medical records to support the need for long-term use of this medication. For these reasons, Cyclobenzaprine is not considered as a medically necessary treatment.

Lunesta 1mg/tab; 1 tab qhs prn #30: Upheld

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

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

Decision rationale: The Official Disability Guidelines comment on the use of medications for the treatment of insomnia. These guidelines recommend that treatment be based on the etiology. 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. The majority of studies have only evaluated short-term treatment (i.e., 4 weeks) of insomnia; therefore, more studies are necessary to evaluate the efficacy and safety of treatments for long-term treatment of insomnia. In 2007, the FDA requested that manufacturers of all sedative-hypnotic drugs strengthen product labeling regarding risks (i.e., severe allergic reactions and complex sleep-related behaviors, such as sleep driving). There are four main categories of pharmacologic treatment: (1) Benzodiazepines; (2) Non-benzodiazepines; (3) Melatonin & melatonin receptor agonists; and (4) Over-the-counter medications. Lunesta, is in this non-benzodiazepine category. All of the benzodiazepine-receptor agonists, including Lunesta, are schedule IV controlled substances, which means they have potential for abuse and dependency. Eszopicolone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. It is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. In this case, there is insufficient documentation to indicate that there has been an effort to assess the underlying cause of this patient's sleep disturbance. Further, the records indicate that Lunesta is being used as a long-term treatment strategy for this patient's insomnia. As noted in the above cited guidelines, it is expected that there would be an assessment for the etiology of this patient's sleep disturbance. Further, that use of medications such as Lunesta will be short-term. The duration of use of Lunesta in this case exceeds the ODG recommendations. For these reasons, Lunesta is not considered as a medically necessary treatment.

