

Case Number:	CM15-0171339		
Date Assigned:	09/18/2015	Date of Injury:	08/12/2013
Decision Date:	10/20/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	08/31/2015

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: Physical Medicine & Rehabilitation

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 35-year-old female, with a reported date of injury of 08-12-2013. The diagnoses include displacement of lumbar intervertebral disc without myelopathy at L4-5 and L5-S1, lumbosacral neuritis or radiculitis, lumbar facet joint syndrome and hypertrophy at L405 and L5-S1, and unspecified insomnia. Treatments and evaluation to date have included Norco. The diagnostic studies to date have not been included in the medical records provided. The progress report dated 06-11-2015 indicates that the injured worker's chief complaint was low back pain that radiated into the right lower extremity. The subjective complaints included constant moderate to severe low back pain that was rated 8-10 out of 10. The pain radiates into the lower extremities, bilaterally, with numbness and tingling. It was noted that the subjective complaints noted were without the use of medication. It was also noted that the injured worker had difficulty falling asleep due to pain and this caused reduced daytime alertness. He had reduced daytime alertness due to medications. The injured worker would get 2 hours of sleep with medications; and he was unable to sleep without medications. The objective findings include no acute distress, an antalgic gait favoring the right lower extremity, tenderness over the paraspinal musculature with muscle guarding over the bilateral lumbar spine, tenderness over the lumbar facet joints, lumbar flexion at 20 degrees, lumbar extension at 0 degrees, lumbar lateral bend at 5 degrees bilaterally, positive bilateral straight leg raise test, severe tenderness over the S1 joint on the right, tenderness over the sciatic nerve on the right, decreased sensation in the right L5 and S1 dermatomes, weakness in the right L5 and S1 myotomes, and the inability to heel talk and toe walk bilaterally. The treatment plan included

Fexmid, one tablet every 8 hours as needed to reduce spasms and Lunesta to treat insomnia. The injured worker was temporarily totally disabled. The treating physician requested Lunesta 3mg #30 and Fexmid 7.5mg #90. On 08-27-2015, Utilization Review (UR) non-certified the request for Lunesta 3mg #30 and Fexmid 7.5mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Lunesta 3 MG #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 (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia Treatment, pages 535-536.

Decision rationale: Hypnotics are not included among the multiple medications noted to be optional adjuvant medications, per the Official Disability Guidelines (ODG), Pain. Additionally, Lunesta is a non-benzodiazepine-like, Schedule IV controlled substance. Long-term use is not recommended as efficacy is unproven with a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic and anxiolytic. Chronic use is the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Submitted documents have not demonstrated any specific functional improvement including pain relief with decreased pharmacological profile, decreased medical utilization, increased ADLs and work function, or quantified hours of sleep as a result from treatment rendered for this chronic 2013 injury. The reports have not identified any specific clinical findings or confirmed diagnoses of sleep disorders nor is there any noted failed trial of behavioral interventions or proper sleep hygiene regimen to support its continued use. The Retro Lunesta 3 MG #30 is not medically necessary and appropriate.

Retro Fexmid 7.5 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Per MTUS Chronic Pain Guidelines on muscle relaxant, Fexmid is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. Submitted reports have no demonstrated acute change or progressive clinical deficits to warrant long-term use of a muscle

relaxant beyond few weeks for this chronic 2013 injury. Submitted reports have not documented extenuating circumstances outside guidelines criteria to support for this continued treatment with a muscle relaxant, Fexmid without demonstrated functional improvement from treatment already rendered. MTUS Guidelines do not recommend long-term use of this muscle relaxant beyond first few weeks of acute treatment for this chronic injury. The Retro Fexmid 7.5 MG #90 is not medically necessary and appropriate.