

Case Number:	CM15-0172487		
Date Assigned:	09/14/2015	Date of Injury:	12/18/2006
Decision Date:	11/06/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/01/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 female who sustained an industrial injury on December 18, 2006. A therapy follow up visit dated July 17, 2015 reported chief subjective complaint of pain in the back. Current medication regimen consisted of: Trazadone, and Flexeril. The following diagnoses were applied: lumbar spine neuritis or radiculitis; sprains and strains of lumbar region; myofascial pain and myositis, and lumbosacral strain. The following medications were prescribed this visit: Eszopiclone, Norco, Tizanidine and Flexeril. There is note of the following medications being discontinued: Flexeril, and Trazadone secondary to dry mouth from Flexeril and Trazadone noted as "not effective". At follow up dated July 21, 2014 current medications consisted of: Terocin lotion, Oxycodone HCL, Ambien and Xanax. Previous treatment to include: activity modification, medications, topical medication, therapy session, chiropractic manipulation, heat and ice application, home exercises and use of a transcutaneous nerve stimulator unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Q dynamic support vest: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Lumbar Support.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS guidelines do not address this topic. Regarding the request for Spinal Q Postural Brace, ACOEM states that a sling/brace may be used for a brief period following severe rotator cuff pathology. A search of the National Library Of Medicine revealed no peer-reviewed scientific literature supporting the use of Spinal Q Postural Brace for the treatment of any medical diagnoses. Additionally, lumbar supports are not recommended for the treatment of any of this patient's diagnosis. The requesting physician has not provided any substantial peer-reviewed scientific literature supporting the use of this treatment modality for his patient's diagnoses. Therefore, based on the submitted medical documentation, the request for a conductive garment is not medically necessary.

Eszopiclone 1mg; 1 every day #30 times 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Eszopiclone (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Zolpidem.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of this medication. Per the Official Disability Guidelines (ODG), "Lunesta is not recommended for long-term use." The clinical records submitted do support the fact that this patient has a remote history of insomnia. However, the records do not support the long term use of this medication for that indication. Specifically, the patient's most recent clinical encounters do not document signs or symptoms of current insomnia which are unrelated to the patient's chronic pain disorder. Therefore, based on the submitted medical documentation, the request for eszopiclone (Lunesta) is not-medically necessary.

Tizanidine HCl 4mg, 1 twice a day: 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: In accordance with the California MTUS guidelines, Tizanidine is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line

option for short-term treatment of acute exacerbations in patients with chronic back pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." This patient has been diagnosed with chronic back pain of the cervical and upper spine. The patient's clinical records indicate that the patient did not tolerate this medication due to a side effect of "dry mouth" The medication has been discontinued. Furthermore, per MTUS, the use of a muscle relaxant is not indicated. Therefore, based on the submitted medical documentation, the request for Tizanadine is not-medically necessary.

Cyclobenzaprine 7.5mg 1 twice a day #60: 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: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. In accordance with the California MTUS guidelines, Cyclobenzaprine is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic back pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." This patient has been diagnosed with chronic back pain of the cervical and upper spine. The patient's clinical records indicate that the patient did not tolerate this medication due to a side effect of "dry mouth" The medication has been discontinued. Furthermore, per MTUS, the use of a muscle relaxant is not indicated. Therefore, based on the submitted medical documentation, the request for Cyclobenzaprine is not-medically necessary.