

<b>Case Number:</b>	CM15-0172833		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	12/25/2012
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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 40 year old male, who sustained an industrial injury on 12-25-2012. Medical records indicate the worker is undergoing treatment for lumbar and cervical degenerative disc disease, chronic pain syndrome, brachial neuritis or radiculitis, cervicalgia, sacroilitis and gastro esophageal reflux disease. A recent progress report dated 8-19-2015, reported the injured worker complained of continued neck and back pain and requested to try something else besides medication for pain. Pain with medications was rated 6 out of 10 and 8 out of 10 without medications. Physical examination revealed severe cervical pain, tightness and spasm and lumbar pain and spasm with movement. Lumbar and cervical magnetic resonance imaging studies performed in 2013 revealed cervical and lumbar disc bulging. Treatment to date has included lumbar epidural steroid injection on 2-23-2015 and Gabapentin, Oxycodone, Tramadol, Pepcid and Zanaflex since at least 3-5-2015. On 8-19-2015, the Request for Authorization requested Melatonin 5mg, #30, Flexeril 5mg, #60 and Zanaflex 4mg, #120. On 8-26-2015, the Utilization Review noncertified Melatonin 5mg, #30, Flexeril 5mg, #60 and Zanaflex 4mg, #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Melatonin 5mg, #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 Mental Illness & Stress Chapter-Melatonin.

**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 methods to treat insomnia; including the use of Melatonin. These guidelines recommend that treatment be based on the etiology, with the medications recommended below. 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. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. Pharmacologic Treatment: There are four main categories of pharmacologic treatment: (1) Benzodiazepines; (2) Non-benzodiazepines; (3) Melatonin & melatonin receptor agonists; & (4) Over-the-counter medications. In this case, there is insufficient documentation in the medical records to indicate that there has been an evaluation for the cause of the patient's sleep disorder. Further, given the duration of the symptoms of insomnia, there is insufficient documentation that psychiatric and/or medical illnesses have been excluded as the underlying etiology of this problem. There is also insufficient documentation that the specific component of the insomnia has been identified and addressed. This includes the following: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. For these reasons, pharmacologic treatment with Melatonin is not medically necessary.

**Flexeril 5mg, #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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of muscle relaxants, including Flexeril (cyclobenzaprine), as a treatment modality. These guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the records indicate that Flexeril is being used as a long-term treatment strategy for this patient's symptoms. As noted in the above cited guidelines, only short-term use of muscle relaxants such as Flexeril is recommended. There is insufficient documentation in the medical records to support the need for long-term use. For this reason, Flexeril is not considered as medically necessary.

**Zanaflex 4mg, #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of muscle relaxants, including Zanaflex, as a treatment modality. These guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the records indicate that Zanaflex 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 use is recommended. There is insufficient documentation in the medical records to justify long-term use. For this reason, Zanaflex is not considered as medically necessary.