

<b>Case Number:</b>	CM15-0173240		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	09/24/2010
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/19/2015
<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: North Carolina  
 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 male, who sustained an industrial injury on 09-24-2010. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for hypertension, borderline diabetes, chronic low back pain, and sleep disturbances. Medical records (01-29-2015 to 08-07-2015) indicate ongoing low back pain. Records also indicate no changes in activities of daily living. Per the treating physician's progress report (PR), the IW was able to return to work with restrictions; however, it was not mentioned if this IW had returned to work. The physical exams, dated 07-08-2015 and 08-07-2015, revealed continued tenderness to palpation across the lumbar paraspinal muscles; however, the pain along the facet joints and pain with facet loading (reported on exam dated 07-08-2015) was not reported on the exam dated 08-07-2015. Relevant treatments have included lumbar decompression surgery (2011), spinal cord stimulator placement (2014), physical therapy (PT), work restrictions, Lunesta (since 04-2015), Flexeril (since 04-2015), and pain medications. There was no diagnostic test results available for review. The PR (08-07-2015) shows that the following medications were requested: Lunesta 2mg #30 and Flexeril 10mg #60. The original utilization review (08-19-2015) denied a request for Lunesta 2mg #30 based on lack of recommendation for chronic use, and denied a request for Flexeril 10mg #60 based on the recommendation for short term use.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Lunesta 2mg #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), Insomnia.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) insomnia.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The patient does have the diagnosis of primary insomnia. There is also failure of first line insomnia treatment options such as sleep hygiene measures documented. Therefore, the request is not medically necessary.

### **Flexeril 10mg #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:** The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) 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. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. But rather ongoing back pain this is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.