

Case Number:	CM15-0176720		
Date Assigned:	09/17/2015	Date of Injury:	03/26/2006
Decision Date:	10/22/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/08/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 54-year-old male who sustained an industrial injury March 26, 2006. Diagnoses are lumbosacral radiculitis, there is reference to a knee injury, and he is stated to have "a fragment in the spinal cord." Documented treatment includes home exercise, and medications including Norco, Flexeril and Lunesta. Recent progress reports reference projected potential lumbar surgery. The injured worker reports difficulties with movement including tying his shoes, and in his May visit it is documented that he was tripping and falling. He had been deemed permanent and stationary, but physician's progress note of August 14, 2015 stated "spine no longer stable and placed back on totally temporarily disabled." Report states "Injury preventing patient from doing regular work." The treating physician's plan of care includes Flexeril and Lunesta, but this was denied August 21, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 tablets of Flexeril 10 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain (Chronic) Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 10mg #120 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnosis is lumbar radiculitis. Date of injury is March 26, 2006. A progress note dated August 21, 2015 subjectively states the injured worker sleeps 4 hours a night and dull low back pain and soreness in the buttocks. The documentation indicates Flexeril was prescribed prior to August 27, 2014. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. There are no compelling clinical facts to support ongoing Flexeril. Flexeril is indicated for short-term use (less than 2 weeks). There is no documentation demonstrating objective improvement. The treating provider exceeded the recommended guidelines for short term use. Based on the clinical information in the medical record, peer reviewed medical guidelines, treatment continued in excess of the recommended guidelines and no documentation demonstrating objective functional improvement, Flexeril 10mg #120 is not medically necessary.

30 tablets of Lunesta 3 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Chapter: Mental Illness and Stress Eszopicolone (Lunesta).

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

Decision rationale: Pursuant to the Official Disability Guidelines, Eszopicolone (Lunesta) 3 mg #30 is not medically necessary. Lunesta is not recommended for long-term use, but recommended for short-term use. The guidelines recommend limiting hypnotics to three weeks maximum in the first two months of injury only. Pain specialists rarely, if ever, recommend them for long-term use. They can be habit forming and may impair function and memory more than opiate pain relievers. See the guidelines for additional details. In this case, the injured worker's working diagnosis is lumbar radiculitis. Date of injury is March 26, 2006. A progress note dated August 21, 2015 subjectively states the injured worker sleeps 4 hours a night and dull low back pain and soreness in the buttocks. The start date for Lunesta is not specified. There is no documentation demonstrating objective functional improvement. The guidelines recommend limiting hypnotics to three weeks maximum in the first two months of injury only. Pain specialists rarely, if ever, recommend them for long-term use. Based on the clinical information in the medical record, peer review evidence guidelines, no start date for Lunesta and no documentation demonstrating objective functional improvement, Eszopicolone (Lunesta) 3 mg #30 is not medically necessary.