

Case Number:	CM15-0178581		
Date Assigned:	09/18/2015	Date of Injury:	02/03/2010
Decision Date:	10/22/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/10/2015

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 49 year old male, who sustained an industrial injury on 2-3-2010. The medical records indicate that the injured worker is undergoing treatment for multilevel disc herniations of the cervical spine, facet arthropathy of the cervical spine, and cervical stenosis at C5-6 and C6-7. According to the progress report dated 7-29-2015, the injured worker complains of constant, stabbing neck pain with radiation into his bilateral shoulder blades, right worse than left, associated with frequent headaches. Since last visit, he notes that his symptoms have remained unchanged. He rates his pain 7-8 out of 10 on a subjective pain scale. In addition, he reports severe night sweats and must wake up in the middle of the night. He continues to have great difficulty sleeping and reports that he has not slept in 2 days. The physical examination of the cervical spine reveals tenderness to palpation with spasms, restricted range of motion, decreased sensation in the right C5, C6, C7, and C8 dermatomes, and decreased motor strength (4 out of 5) in the bilateral upper extremities. The current medications are Tramadol, Prilosec, Lidopro cream, over-the-counter aspirin, and Cyclobenzaprine. Treatment to date has included medication management, chiropractic, and acupuncture. Work status is described as permanent and stationary. The plan of care includes a trial of Lunesta for severe insomnia. The original utilization review (8-31-2015) partially approved a request for Eszopiclone #7 (original request for #30). The request for topical compound cream (Capsaicin and Cyclobenzaprine) was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 tablets of Eszopiclone 2mg: 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 (Chronic).

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 treatment of insomnia, including the use of Eszopiclone. These guidelines recommend that treatment be based on the etiology. 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. 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. The majority of studies have only evaluated short-term treatment (i.e., 4 weeks) of insomnia; therefore, more studies are necessary to evaluate the efficacy and safety of treatments for long-term treatment of insomnia. In 2007, the FDA requested that manufacturers of all sedative-hypnotic drugs strengthen product labeling regarding risks (i.e., severe allergic reactions and complex sleep-related behaviors, such as sleep driving). It is recommended that treatments for insomnia should reduce time to sleep onset, improve sleep maintenance, avoid residual effects and increase next day functioning. In this case, there is insufficient evidence that the patient has undergone an assessment for the etiology for his sleep disturbance. It is unclear whether psychiatric and/or medical conditions have been addressed. There is insufficient information on the component of insomnia that is being addressed as described in the above-cited guidelines. For these reasons, a one-month supply is not supported by review of the Official Disability Guidelines. In the Utilization Review process the request for #30 tablets was modified to provide #7 tablets in order to address the acute issue. This action is consistent with the above-cited guidelines. However, 30 tablets of Eszopiclone 2mg is not medically necessary.

1 Container of Capsaicin 0.05% and Cyclobenzaprine 4%: 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): Topical Analgesics.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of topical analgesics that include the requested components capsaicin and cyclobenzaprine.

Topical analgesics are considered as largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The component of this topical analgesic, cyclobenzaprine, is a muscle relaxant. Regarding the use of a muscle relaxant, these MTUS guidelines do not support the use of cyclobenzaprine as a component of a topical analgesic. Given that cyclobenzaprine is not recommended as a component of a topical analgesic, the requested cream containing capsaicin and cyclobenzaprine is not medically necessary.