

Case Number:	CM15-0046375		
Date Assigned:	03/19/2015	Date of Injury:	02/22/2010
Decision Date:	04/23/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/11/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 55-year-old [REDACTED] beneficiary who has filed a claim for chronic low back, neck, and shoulder pain reportedly associated with an industrial injury of February 22, 2010. In a utilization review report dated March 10, 2015, the claims administrator failed to approve requests for Flexeril and Lunesta. A January 7, 2015 progress note was referenced in the determination. The request for Lunesta was framed as a renewal request. The applicant's attorney subsequently appealed. In an August 25, 2014 progress note, the applicant reported ongoing complaints of low back pain, shoulder pain, and neck pain. The applicant was off work, on total temporary disability. The applicant was status post earlier right shoulder surgery a few months prior. The applicant reported derivative complaints of weight gain, sleep disturbance, and depression it was acknowledged. Norco, Desyrel, Effexor, tramadol, LidoPro, and Neurontin were endorsed while the applicant was kept off work, on total temporary disability. On January 30, 2015, the applicant was, once again, placed off of work, on total temporary disability, while Lunesta, Effexor, Naprosyn, tramadol, Neurontin, Norco, and Protonix were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: 1. No, the request for Flexeril is not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including Norco, Naprosyn, tramadol, Neurontin, Lunesta, Desyrel, Effexor, etc. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 60-tablet supply of cyclobenzaprine at issue represents treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Lunesta (Eszopiclone) 2 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7. Decision based on Non-MTUS Citation ##### ODG Integrated Treatment/Disability Duration Guidelines Mental Illness & Stress, Eszopiclone (Lunesta).

Decision rationale: 2. Similarly, the request for Lunesta, a sleep aid, is likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not specifically address the topic. However, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that an attending provider incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Here, the attending provider did not furnish a clear, compelling, or cogent applicant-specific rationale for concurrent usage of two separate sleep aids, Lunesta and trazodone (Desyrel). ODG's Mental Illness and Stress Chapter further notes that eszopiclone or Lunesta is not recommended for the chronic or long-term role for which it was espoused here. Therefore, the request is not medically necessary.