

Case Number:	CM15-0072862		
Date Assigned:	04/23/2015	Date of Injury:	06/26/2003
Decision Date:	05/27/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/16/2015

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: Physical Medicine & Rehabilitation

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 55 year old female, who sustained an industrial injury on 6/26/2003. She reported injuring her back while moving a cart. Diagnoses have included lumbar herniated nucleus pulposus (HNP), recurrent major depression and chronic pain syndrome. Treatment to date has included magnetic resonance imaging (MRI), lumbar surgery and medication. According to the progress report dated 3/23/2015, the injured worker complained of low back pain. Physical exam revealed tenderness to palpation, decreased range of motion and positive paraspinal spasms. Authorization was requested for Flexeril and Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Tabs of Flexeril 10 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The patient presents with low back pain. The request is for 90 TABS OF FLEXERIL 10MG. The request for authorization is not provided. The patient is status-post lumbar fusion, 12/17/12. MRI of the lumbar spine, 06/25/14, shows 1-2mm l3-4 disc bulge, mild facet hypertrophy, and slight narrowing of the right neural foramen. Physical examination of the lumbar spine reveals tenderness to palpation at L4-5, decreased range of motion, positive straight leg raise. Patient's medications include Lunesta and Flexeril, per progress report dated 03/23/15, the patient to remain off-work. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Treater does not specifically discuss this medication. The patient has been prescribed Flexeril since at least 10/27/14. However, MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. The request for additional 90 tabs of Flexeril would exceed MTUS recommendation and does not indicate intended short-term use. Therefore, the request IS NOT medically necessary.

30 Tabs of Lunesta 3 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Mental & Stress Chapter, Eszopicolone (Lunesta) Pain chapter, Insomnia treatment.

Decision rationale: The patient presents with low back pain. The request is for 30 TABS OF LUNESTA 3MG. The request for authorization is not provided. The patient is status-post lumbar fusion, 12/17/12. MRI of the lumbar spine, 06/25/14, shows 1-2mm l3-4 disc bulge, mild facet hypertrophy, and slight narrowing of the right neural foramen. Physical examination of the lumbar spine reveals tenderness to palpation at L4-5, Decreased range of motion, Positive straight leg raise, Patient's medications include Lunesta and Flexeril, Per progress report dated 03/23/15, the patient to remain off-work. ODG-TWC, Mental & Stress Chapter states: "Eszopicolone (Lunesta): Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase... The FDA has lowered the recommended starting dose of eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women." Treater does not specifically discuss this medication. The patient has been prescribed Lunesta since at least 10/27/14. However, the treater does not document or discuss its efficacy and how it has been or is to be used. Furthermore, the request for additional 30 tabs of Lunesta would exceed MTUS recommendation and does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

