

Case Number:	CM14-0011463		
Date Assigned:	02/21/2014	Date of Injury:	01/14/2003
Decision Date:	07/29/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/28/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 56-year-old male who has submitted a claim for overuse syndrome of both upper extremities status post right carpal tunnel release, status post right cubital tunnel release, status post left carpal tunnel release, status post left cubital tunnel release, cervical strain, depression, insomnia, hypertension, GERD, and lumbar radiculopathy associated with an industrial injury date of 01/14/2003. Medical records from 2013 were reviewed. The patient complained of pain at bilateral upper extremities and neck, graded 4-5/10 in severity. Side effects noted from opioid use were constipation and heartburn. Physical examination of the lumbar spine showed moderate spasm and restricted range of motion. Straight leg raise test was positive to the left at 70 degrees and to the right at 80 degrees in the sitting position, causing posterior thigh pain. Both elbows were tender, but had full range of motion. Soft tissue swelling of 2 cm size in the medial proximal flexor right forearm was noted. Tinel's sign at the elbow did not produce paresthesia. Gait was slow with mildly flexed forward posture. Treatment to date has included bilateral carpal tunnel release, left cubital tunnel release, physical therapy, and medications such as Lyrica, Xanax, Lunesta, Flexeril, Tramadol, Linzess, and Zegrid. Utilization review from 01/07/2014 denied the request for consultation with general surgeon because there were no records regarding prior history of hernia, type of hernia or current complaints; Lyrica 75mg, #42, Xanax 0.5mg, #90, and Lunesta 3mg, #30 because of insufficient documentation concerning functional improvement from its use; Flexeril 10mg because long-term use was not recommended; tramadol 50mg, #90 because it was not recommended as first-line therapy; Linzess 145 mcg because there was no evidence irritable bowel syndrome or CIC; Zegrid because there were no gastrointestinal risk factors and Counter Force elbow and forearm brace because there were no complaints concerning epicondylitis that may warrant such.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with general surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, Page 127.

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, the documented rationale is due to recurrence of umbilical hernia. However, there were no subjective complaints or objective findings pertaining to it. The medical necessity was not established due to insufficient information. Therefore, the request for consultation with general surgeon is not medically necessary.

Lyrica 75 mg, #42: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-17.

Decision rationale: As stated on pages 16 - 17 of California MTUS Chronic Pain Medical Treatment Guidelines, antidepressants, such as Pregabalin and Gabapentin, are recommended as a first line option for neuropathic pain, i.e., painful polyneuropathy. In this case, the patient has been on Lyrica since October 2013. The patient's manifestations are consistent with neuropathic pain; however, there is no documentation concerning pain relief and functional improvement derived from its use. The medical necessity was not established. Therefore, the request for Lyrica 75mg, #42 is not medically necessary.

Flexeril 10 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: According to page 63 of the California MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, patient has been on Flexeril since February 2013. Although the most recent physical exam still showed presence of muscle spasm, long-term use of muscle relaxant is not recommended. There is likewise no discussion concerning functional improvement attributed to its use. Therefore, the request for Flexeril 10mg is not medically necessary.

Lunesta 3 mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Insomnia Treatment.

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: California MTUS does not specifically address Eszopiclone (Lunesta). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. It states that Eszopiclone (Lunesta) is a non-benzodiazepine sedative-hypnotic (benzodiazepine-receptor agonist) and is a first-line medication for insomnia. It is a schedule IV controlled substance that has potential for abuse and dependency. Lunesta has demonstrated reduced sleep latency and sleep maintenance, and is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. In this case, patient has been on Lunesta since February 2013. However, there is no documentation concerning functional improvement derived from its use. There is likewise no discussion concerning sleep hygiene. Therefore, the request for Lunesta 3mg #30 is not medically necessary.

Tramadol 50 mg, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of California MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on tramadol since February 2013. Progress report from 10/02/2013 cited that opioid use resulted to pain relief from 7/10 to 2/10 in severity. It likewise allowed him to perform activities of daily living including dressing, walking, and standing. No

aberrant drug use behavior was noted. Guideline criteria were met. Therefore, the request for Tramadol 50 Mg, #90 is medically necessary.

Linzess 145 Mcg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA Medication Guide: Linzess (linaclotide) capsules and <http://www.fda.gov/downloads/Drugs/DrugSafety/UCM318437.pdf>.

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, FDA was used instead. According to FDA, Linzess (Linaclotide) is used to treat irritable bowel syndrome with constipation (IBS-C), and chronic idiopathic constipation. In this case, patient complained of constipation associated with chronic opioid use. He was initially on Senokot, however no improvement was noted; hence, prompting prescription of Linzess since August 2013. However, there is no documentation concerning improvement derived from its use. Moreover, the request failed to specify the quantity to be dispensed. Therefore, the request for Linzess 145mcg is not medically necessary.

Zegrid: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation RX List Website.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: Zegerid is a combination of Omeprazole and Sodium Bicarbonate. As stated on page 68 of California MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, the patient complained of reflux symptoms associated with intake of multiple pain medications. He was prescribed Zegerid since February 2013. However, there is no documentation concerning functional improvement derived from its use. Moreover, the request failed to specify dosage and quantity to be dispensed. Therefore, the request for Zegerid is not medically necessary.

Xanax 0.5 Mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: As stated on page 24 of California MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. In this case, patient has been on Xanax since February 2013. However, there is no documentation concerning functional improvement derived from its use. Furthermore, Xanax is not recommended for long-term use as stated by the guidelines. The medical necessity has not been established. Therefore, the request for Xanax 0.5 Mg, #90 is not medically necessary.

Counter force elbow and forearm brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment, Elbow (Acute & Chronic).

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

Decision rationale: The California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that bracing for epicondylitis is still under study. No definitive conclusions can be drawn concerning effectiveness of standard braces or splints for lateral epicondylitis. If used, bracing or splinting is recommended only as short-term initial treatment for lateral epicondylitis in combination with physical therapy. In this case, the documented rationale is due to bilateral lateral epicondylitis. However, there was limited information presented to suggest a diagnosis of epicondylitis because history discussed particularly the presence of cubital tunnel syndrome. The medical necessity was not established due to conflicting information. Moreover, there was no evidence that patient is actively participating in an exercise program, which is a required adjunct when using a brace. The laterality for bracing is likewise not specified. Therefore, the request for counter force elbow and forearm brace is not medically necessary.