

Case Number:	CM14-0187823		
Date Assigned:	11/18/2014	Date of Injury:	11/28/2012
Decision Date:	01/07/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/11/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 38-year-old man who sustained a work-related injury on November 28, 2012. Subsequently, he developed chronic neck pain. According to a progress report dated October 14, 2014, the patient reported severe constant neck pain that radiates down the right arm and all the way into all fingers. He stated he has weakness with gripping, grasping, and lifting. When performing those activities, he gets a shooting sharp tingling sensation that radiates from his hand to his neck. The patient's lower back pain radiates down both legs with tingling on the legs. He had a sharp pain on his lower back that is located right above his buttock. The patient was taking Flurbiprofen/Lansoprazole and Lunesta. The patient was not attending therapy and was not working. The patient stated he was depressed and was having anxiety. Objective findings included straight leg raising in a sitting position was 50 degrees on the right and 75 degrees on the left with pain to the low back. An MRI of the cervical spine performed on March 11, 2013 showed: at C6-7 there was a 3 mm midline and right paracentral disc protrusion resulting in mild abutment of the cervical cord with mild to moderate central canal stenosis. At C5-6 there was a 2 mm midline disc protrusion with mild degree of central canal narrowing. There was no cord compression. There was some loss of the cervical lordosis. The patient was diagnosed with musculoligamentous sprain cervical spine with upper extremity radiculitis, musculoligamentous sprain lumbar spine with lower extremity radiculitis, head injury, disc protrusion C6-7, and disc bulge C4-5 and C5-6. The provider requests authorization for Lansoprazole/Flubiprofen, Tramadol/Acetaminophen/Ondansetron, and Eszopiclone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lansoprazole/Flubiprofen 100/10mg #90 x 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to the MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no proven efficacy of topical application of Flubiprofen. Furthermore, oral form of this medication was not attempted, and there is no documentation of failure or adverse reaction from its use. There is no documentation of failure or adverse reaction from first line oral medications. Based on the above, the use of Lansoprazole/Flubiprofen 100/10mg #90 x 3 refills is not medically necessary.

Tramadol/Acetaminophen/Ondansetron 50/250/2mg #90 x3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111) are largely experimental with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to the MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The proposed compound contains Ondansetron, Tramadol and Acetaminophen, a topical analgesic that is not recommended by the MTUS. There is no documentation of failure of first line pain medications. Based on the above, Tramadol/Acetaminophen/Ondansetron 50/250/2mg #90 is not medically necessary.

Eszopiclone 1mg #90 x 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 14. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG) Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>))

Decision rationale: LUNESTA (eszopiclone) is a non-benzodiazepine hypnotic agent that is a pyrrolopyrazine derivative of the cyclopyrrolone class. According to the MTUS guidelines, tricyclic antidepressants are recommended as a first line option in neuropathic pain, especially if pain is accompanied by insomnia, anxiety or depression. According to the ODG guidelines, Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists) is a first-line medication for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopiclone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which mean they have potential for abuse and dependency. Eszopiclone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. (Morin, 2007) The only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. Lunesta could be used as an option to treat insomnia; however it should not be used for a long-term without periodic evaluation of its need. The provider has to further characterize the patient insomnia (primary versus secondary) and its relation to the primary patient pain syndrome. The provider did not document the use of non-pharmacologic treatment for the patient sleep issue. Therefore, the prescription of Eszopiclone 1mg #90 x 3 refills is not medically necessary.