

Case Number:	CM14-0201135		
Date Assigned:	12/11/2014	Date of Injury:	11/05/1998
Decision Date:	02/03/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/02/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional spine 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 59 year old with an injury date of 11/05/98. Based on the 11/24/14 progress report provided by treating physician, the patient complains of low back pain that radiates to the left leg, mid back pain, neck pain that radiates to the right upper extremity, right shoulder, left knee and left ankle pain, rated 4/10 with and 7-8/10 without medications. Physical examination to the lumbar spine on 11/24/14 revealed spasms and slight to moderate tenderness to palpation to the paralumbar muscles. Range of motion was decreased, especially on flexion and left lateral flexing 50% of normal. Straight leg raise test positive to the left at 70 degrees. Examination of the cervical spine revealed spasm and slight tenderness to the paracervical muscles. Range of motion was decreased, especially on extension 60% of normal. Spurling's sign mildly positive on the right, producing right scapular pain. Patient reports that medications "do help with activities of daily living" such as household jobs, shopping and light housekeeping, without which he would be unable to do. The patient denies any side effects or any aberrant behavior. Per progress reports dated 05/21/14 and 11/24/14, patient's medications include Diclofenac, Zanaflex, Xanax, Lunesta, Zoloft, Norco, and Prilosec. Diclofenac is taken intermittently and prescribed for pain and inflammation. Zanaflex is prescribed for muscle spasm. Xanax is prescribed for increased anxiety due to pain. Lunesta is prescribed for sleep difficulty. Patient is continuing with water aerobic classes and awaits possible right shoulder surgery. Per treater report dated 11/24/14, the patient is temporarily totally disabled. Diagnosis 05/21/14, 09/08/14, 10/20/14, 11/24/14- left lumbar radiculopathy with recurrent back spasms- cervical strain with right cervical radiculopathy- right shoulder strain with MRI of 07/09/10 showing AC osteoarthritis and subchondral cyst formation - left knee, left ankle and left heel pain, compensable consequence due to altered gait due to chronic low back problems.- secondary depression and anxiety due to pain- secondary GI upset/gastritis intermittently due to NSAID

use- intermittent left upper quadrant abdominal wall muscle strain, compensable consequence due to chronic low back difficulty- thoracic strain, intermittent symptoms, compensable consequence during the flare up of low back pain The utilization review determination being challenged is dated 11/06/14. Treatment reports were provided from 02/19/14 - 11/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 25mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, under Diclofenac

Decision rationale: The patient presents with low back pain that radiates to the left leg, mid back pain, neck pain that radiates to the right upper extremity, right shoulder, left knee and left ankle pain, rated 4/10 with and 7-8/10 without medications. The request is for Diclofenac 25MG. Patient's diagnosis on 11/24/14 includes left lumbar radiculopathy with recurrent back spasms, cervical strain with right cervical radiculopathy, and right shoulder strain, with magnetic resonance imaging (MRI) of 07/09/10 showing AC osteoarthritis and subchondral cyst formation. Patient reports that medications "do help with activities of daily living" such as household jobs, shopping and light housekeeping, without which he would be unable to do. The patient denies any side effects or any aberrant behavior. Per progress reports dated 05/21/14 and 11/24/14, patient's medications include Diclofenac, Zanaflex, Xanax, Lunesta, Zoloft, Norco, and Prilosec. Patient is continuing with water aerobics classes and awaits possible right shoulder surgery. Per treater report dated 11/24/14, the patient is temporarily totally disabled. California MTUS guidelines page 67 and 68 recommend NSAIDs (non-steroidal anti-inflammatory drugs) as an option for short-term symptomatic relief. ODG-TWC, Pain (Chronic) Chapter, under Diclofenac states: "Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. For a patient who has a 5% to 10% risk of having a heart attack that is a significant increase in absolute risk, particularly if there are other drugs that don't seem to have that risk. For people at very low risk, it may be an option. (McGettigan, 2011)" Per progress reports 05/21/14 and 11/24/14, Diclofenac is taken intermittently and prescribed for pain and inflammation. Given patient's condition, NSAID's would be indicated. However, ODG does not support Diclofenac unless other NSAIDs have failed and the patient is at a very low risk profile. Provided medical records do not indicate that the patient has utilized other NSAIDs. Therefore the request is not medically necessary.

Xanax 0.25mg #60: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, under Xanax (Alprazolam)

Decision rationale: The patient presents with low back pain that radiates to the left leg, mid back pain, neck pain that radiates to the right upper extremity, right shoulder, left knee and left ankle pain, rated 4/10 with and 7-8/10 without medications. The request is for Xanax 0.25mg #60. Patient's diagnosis on 11/24/14 includes left lumbar radiculopathy with recurrent back spasms, cervical strain with right cervical radiculopathy, and right shoulder strain, with MRI of 07/09/10 showing AC osteoarthritis and subchondral cyst formation. Patient reports that medications "do help with activities of daily living" such as household jobs, shopping and light housekeeping, without which he would be unable to do. The patient denies any side effects or any aberrant behavior. Per progress reports dated 05/21/14 and 11/24/14, patient's medications include Diclofenac, Zanaflex, Xanax, Lunesta, Zoloft, Norco, and Prilosec. Patient is continuing with water aerobics classes and awaits possible right shoulder surgery. Per treater report dated 11/24/14, the patient is temporarily totally disabled. The MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." ODG-TWC, Pain (Chronic) Chapter, under Xanax (Alprazolam) states: "Not recommended for long-term use. See Alprazolam; & Benzodiazepines. Alprazolam, also known under the trade name Xanax and available generically, is a short-acting drug of the benzodiazepine class used to treat moderate to severe anxiety disorders, panic attacks, and as an adjunctive treatment for anxiety associated with major depression." Per progress reports 05/21/14 and 11/24/14, Xanax is prescribed for increased anxiety due to pain, and patient has been taking Xanax at least for 6 months. However, guidelines do not recommend long term use due to risk of dependence. Furthermore, the request for quantity 60 does not indicate intended short term use. Therefore the request is not medically necessary.

Lunesta 3mg #40: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Lunesta

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress Chapter states: Eszopicolone (Lunesta)

Decision rationale: The patient presents with low back pain that radiates to the left leg, mid back pain, neck pain that radiates to the right upper extremity, right shoulder, left knee and left ankle pain, rated 4/10 with and 7-8/10 without medications. The request is for Lunesta 3mg #40. Patient's diagnosis on 11/24/14 includes left lumbar radiculopathy with recurrent back spasms, cervical strain with right cervical radiculopathy, and right shoulder strain, with MRI of 07/09/10

showing AC osteoarthritis and subchondral cyst formation. Patient reports that medications "do help with activities of daily living" such as household jobs, shopping and light housekeeping, without which he would be unable to do. The patient denies any side effects or any aberrant behavior. Per progress reports dated 05/21/14 and 11/24/14, patient's medications include Diclofenac, Zanaflex, Xanax, Lunesta, Zoloft, Norco, and Prilosec. Patient is continuing with water aerobics classes and awaits possible right shoulder surgery. Per treater report dated 11/24/14, the patient is temporarily totally disabled. ODG-TWC, Mental & Stress Chapter states: "Eszopiclone (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." Per progress reports 05/21/14 and 11/24/14, Lunesta is prescribed for sleep difficulty. ODG recommends short-term use of up to 3 weeks, and patient has been taking Lunesta at least for 6 months. Furthermore, the request for quantity 40 does not indicate intended short term use. Therefore the request is not medically necessary.