

<b>Case Number:</b>	CM14-0208624		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	04/27/1981
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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. 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 67-year-old male who sustained an industrial injury on 04/27/81. Initial complaints and diagnoses are not available. Treatments to date include cervical spine surgery, right shoulder surgery, and medications. Diagnostic studies include a MRI of the lumbar spine, x-rays, and nerve conduction studies. Current complaints include neck, low back and right shoulder pain. In a progress note dated 10/23/14 the treating provider reports the plan of care as a lumbar epidural steroid injection, chiropractic care, and medications, including fenoprofen, cyclobenzaprine, omeprazole, eszopiclone and tramadol. The requested treatments are fenoprofen and eszopiclone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**120 Fenoprofen Calcium 400mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 57-73.

**Decision rationale:** 120 Fenoprofen Calcium 400mg is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that NSAIDS are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The documentation indicates on prior peer review that the patient has been prescribed a one-year supply of Diclofenac in July of 2014 (review #428405). The MTUS states that NSAIDS have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment, elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal function. The documentation is not clear on prior Diclofenac prescription for one year and why the patient would now require Fenoprofen. Therefore, this request is not medically necessary.

**30 Eszopiclone 1mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress.

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

**Decision rationale:** 30 Eszopiclone 1mg is not medically necessary per the ODG. The MTUS Guidelines do not address this issue. The ODG states that eszopiclone is not recommended for long-term use, but recommended for short-term use. The ODG recommends limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The documentation does not indicate that the patient is within the first 2 months of injury and this medication is not recommended for long term use therefore this request is not medically necessary.