

Case Number:	CM15-0105874		
Date Assigned:	06/10/2015	Date of Injury:	01/25/2013
Decision Date:	07/15/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/02/2015

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: New York
 Certification(s)/Specialty: Emergency 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 45 year old male, who sustained an industrial injury on 1/25/2013. Diagnoses have included lumbar discopathy, status post posterior lumbar interbody fusion L4-S1, lumbar radiculitis, lumbar spondylolisthesis L5-S1, cervical spine myoligamentous sprain/strain, cervical disc protrusions and cervicalgia. Treatment to date has included lumbar surgery, physical therapy and medication. According to the progress report dated 4/1/2015, the injured worker complained of intermittent pain in the low back with hardware related pain. He rated the pain 4/10. He complained of frequent pain in the cervical spine that radiated into the upper extremities. Associated symptoms were headaches that were migrainous in nature as well as tension between the shoulder blades. The injured worker had difficulty sleeping due to pain. Exam of the cervical spine revealed tenderness to palpation and spasm. Exam of the lumbar spine revealed pain with terminal motion. Authorization was requested for Fenoprofen calcium (Nalfon), Lansoprazole (Prevacid), Ondansetron, Cyclobenzaprine HCL, Tramadol ER and Eszopiclone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen (Nalfon) 400mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Fenoprofen Page(s): 65-66, 71.

Decision rationale: According to CA MTUS chronic pain guidelines, non-steroidal anti-inflammatory agents are "recommended as an option for short term symptomatic relief" for the treatment of chronic low back pain. Further recommendations are for the lowest dose for a minimal duration of time. Specific recommendations for Fenoprofen state, "Improvement may take as long as 2 to 3 weeks." The document supports the IW has been taking this medication for minimum of 6 months. The documentation does not support improvement of symptoms with NSAIDs currently prescribed. Additionally, the request does include frequency and dosing of this medication. The request is not medically necessary.

Lansoprazole (Prevacid) 30mg # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestinal) Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Prevacid is a gastrointestinal protectant. According to CA MTUS, gastrointestinal protectant agents are recommended for patients that are at increased risk for gastrointestinal events. These risks include age >65, history or gastrointestinal bleeding or peptic ulcers, concomitant use of NSAIDs and corticosteroids or aspirin, or high dose NSAID use. The chart does not document any of these risk factors. Past medical history does not include any gastrointestinal disorders, there is no history of poor tolerance to NSAIDs documented and there are not abdominal examinations noted in the chart. Additionally, the request does not include dosing and frequency. Without this information, the request for Prevacid is not medically necessary based on the MTUS.

Ondansetron 8mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Ondansetron (Zofran), Official Disability Guidelines (ODG) Pain Chapter, Antiemetics (for opioid nausea).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter - antiemetics.

Decision rationale: CA MTUS is silent on this topic. According to ODG guideline, antiemetics, "Not recommended for nausea and vomiting secondary to chronic opioid use." Additionally, guidelines report current research does not support anti-emetic use for "chronic non-malignant pain patients." With respect to Zofran, it is approved for use in symptoms related to chemotherapy and radiation treatment as well as postoperatively and with gastroenteritis. The IW does not have any of these FDA approved diagnoses or therapeutic treatments. The request for Ondansetron is not medically necessary.

Cyclobenzaprine Hydrochloride 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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

Decision rationale: According to CA MTUS, Cyclobenzaprine is recommended as an option for short course of therapy. Effect is noted to be modest and is greatest in the first 4 days of treatment. The IW has been receiving this prescription for a minimum of 6 months according to submitted records. This greatly exceeds the recommended timeframe of treatment. In addition, the request does not include dosing frequency or duration. The request for Cyclobenzaprine is not medically necessary.

Tramadol ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 82-83.

Decision rationale: CA MTUS Chronic Pain Guidelines, offer very specific guidelines for the ongoing use of opiate pain medication to treat chronic pain. These recommendations state that the lowest possible dose should be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. Tramadol is recommended for the treatment of moderate to severe pain. It is not recommended as a first line agent for treatment. The chart materials do not include a list of all the analgesic medications currently used or the IW response to each medication. There is not discussion of the IW functional status in relation to the different medications. It is unclear how long the IW has been taking Tramadol, but has been several months per the submitted documentation. With the absence of this supporting documentation, the request for Tramadol is not medically necessary.

Eszopiclone 1mg #30: Upheld

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

Decision rationale: The CA MTUS does not address the use of hypnotics other than benzodiazepines. The Official Disability Guidelines were used instead. The Official Disability Guidelines recommend the short-term use of hypnotics like eszopiclone (less than two months), discuss the significant side effects, and note the need for a careful evaluation of the sleep difficulties. No physician reports describe the specific criteria for a sleep disorder. The treating physician has not addressed other major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture. The reports do not show specific and significant benefit of eszopiclone over time. The IW has been taking this medication for several months according to the records Prescribing in this case meets none of the guideline recommendations. This request is not medically necessary based on prolonged use contrary to guideline recommendations, lack of specific benefit, and lack of sufficient evaluation of the sleep disorder.