

Case Number:	CM15-0015143		
Date Assigned:	02/03/2015	Date of Injury:	06/16/2010
Decision Date:	05/15/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/27/2015

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: Internal 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 41 year old male injured worker suffered and industrial injury on 6/16/2010. The diagnoses were carpal tunnel syndrome, lumbago, and cervicgia, and cervical radiculitis. The diagnostic studies were x-rays and magnetic resonance imaging. The treatments were medications and physical therapy. The treating provider reported chronic neck and upper extremity pain that had increased rated as 8/10 including shoulders and lower extremities. Also, the injured worker complained of headaches. On exam, there was cervical and thoracic spine tenderness along with muscle spasms with restricted range of motion. Noted was numbness and tingling in the shoulders and arms. The Utilization Review Determination on 2/29/2014 non-certified: 1. #120 Omeprazole 20MG citing MTUS. 2. #120 cyclobenzaprine 7.5mg, citing MTUS, ACOEM. 3. #30 eszopiclone 1mg, citing ODG. 4. #90 tramadol 150mg, citing MTUS

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Omeprazole 20MG: Upheld

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

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

Decision rationale: Proton Pump Inhibitors (PPIs) are used to treat Gastrointestinal conditions such as Gastroesophageal reflux disease and Gastric ulcers, and to prevent ulcerations due to long term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of ASA and high dose or multiple NSAID (e.g., NSAID + low-dose ASA). Documentation does not support that the injured worker is at high risk of gastrointestinal events to establish the medical necessity of ongoing use of Omeprazole. The request for # 120 Omeprazole 20MG citing MTUS is not medically necessary.

120 cyclobenzaprine 7.5mg: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 181, 212, 299, 308, Chronic Pain Treatment Guidelines Muscle Relaxants and Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system depressant recommended as a treatment option to decrease muscle spasm in conditions such as low back pain. Per MTUS guidelines, muscle relaxants are recommended for use with caution as a second-line option for only short-term treatment of acute exacerbations in patients with chronic low back pain. The greatest effect appears to be in the first 4 days of treatment and appears to diminish over time. Prolonged use can lead to dependence. Documentation shows exacerbation of the injured worker's chronic neck and upper extremity pain, and Cyclobenzaprine is being recommended for short-term use as needed. Physical examination further reveals objective findings of paravertebral spinal tenderness and muscle spasm. The request for # 120 cyclobenzaprine 7.5mg is medically necessary per MTUS guidelines.

30 eszopiclone 1mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines sleep aids. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines nonspecific. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Chapter, Lunesta (Eszopicolone).

Decision rationale: MTUS states hypnotics are not recommended for long-term use and should be limited to three weeks maximum in the first two months of injury only. Per guidelines, use in

the chronic phase is discouraged. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. Given that the injured worker has chronic pain syndrome with no documented diagnosis of sleep disorder, the medical necessity for continued use of eszopiclone has not been established. The request # 30 eszopiclone 1mg is not medically necessary based on MTUS.

90 tramadol 150mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 77, 113.

Decision rationale: Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. Per MTUS guidelines, there are no long-term studies to allow use of Tramadol for longer than three months. The injured worker complains of chronic persistent neck and arm pain with no significant functional improvement. With MTUS guidelines not being met, the request for # 90 tramadol 150mg is not medically necessary.