

Case Number:	CM15-0145466		
Date Assigned:	08/06/2015	Date of Injury:	03/10/2015
Decision Date:	09/22/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/27/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a 47-year-old male who sustained an industrial injury on 03-10-2015. Diagnoses include cervical and lumbar spine strain, herniated nucleus pulposus C4-5 and C5-6 and right shoulder sprain, possible internal derangement and impingement. Treatment to date has included medications and physical therapy (PT). PT was providing temporary relief. According to the progress notes dated 6-24-2015, the IW reported persistent pain in the neck and low back, but right shoulder pain was the worst. His medications had been very helpful in controlling his pain and spasms. He needed a proton-pump inhibitor due to the development of gastroesophageal reflux disease since taking the NSAID. He rated his pain 7 out of 10 without medications and 4 out of 10 with them. On examination, reflexes, sensation and power testing of the bilateral upper and lower extremities was normal except for numbness and weakness on the right at C6 and bilateral L5 and S1. Straight leg raise and bowstring were positive bilaterally. His gait was antalgic and he was unable to heel-walk and toe-walk bilaterally. There was positive cervical and lumbar tenderness and spasms were noted in the paraspinal muscles. Cervical and lumbar spine range of motion was reduced 20%. Spurling's sign was positive on the right. Babinski's was downward bilaterally. There was positive right shoulder impingement. MRIs on 5-20-2015 showed herniated nucleus pulposus at C4-5 and C5-6 and degenerative disc disease with L3-S1 disc bulges. A request was made for Anaprox DS 550mg, #90; Lunesta 1mg, #30; Fexmid 7.5mg, #60; and Protonix 20mg, #60 (6/24/15 order).

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 550mg, QTY: 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The patient presents with pain affecting the cervical and lumbar spine. The current request is for Anaprox DS 550mg QTY: 90. The treating physician states in the report dated 7/22/15, "Anaprox-DS 90tbs 1 tablet twice a day for inflammation". (10B) The MTUS guidelines state, "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain". In this case, the treating physician has been prescribing this medication to the patient since at least 5/6/15 (114C). The MTUS guidelines do recommend NSAID usage and the patient has relief with NSAID usage. The current request is medically necessary.

Lunesta 1mg, QTY: 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 (Chronic), 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) Mental Health & Pain Chapters, Eszopicolone (Lunesta).

Decision rationale: The patient presents with pain affecting the cervical and lumbar spine. The current request is for Lunesta 1mg, QTY: 30. The treating physician states in the report dated 7/22/15, "Lunesta 1mg #30- to use PRN insomnia caused by pain related to patient's injury". (8B) The ODG guidelines state, "Not recommended for long-term use, but recommended for short-term use recommend 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". In this case, the treating physician has prescribed this medication to the patient. The ODG guidelines only recommend this medication for short term usage in the first two months of injury. The ODG guidelines only recommended this medication for short term use of 3 weeks and this request is for a refill. The current request is not medically necessary.

Fexmid 7.5mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42, 63-66.

Decision rationale: The patient presents with pain affecting the cervical and lumbar spine. The current request is for Fexmid 7.5mg QTY: 60. The treating physician states in the report dated 7/22/15, "Fexmid Cyclobenzaprine 7.5mg 1 tablet 3 times daily". (10B) The MTUS guidelines state, "Recommended as an option, using a short course of therapy. Treatment should be brief". In this case, the treating physician has been prescribing this medication to the patient since at least 5/6/15. The MTUS guidelines only recommend this medication for short term use. The current request is not medically necessary.

Protonix 20mg, QTY: 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment of dyspepsia secondary to NSAID therapy Page(s): 68-69.

Decision rationale: The patient presents with pain affecting the cervical and lumbar spine. The current request is for Protonix 20mg QTY: 60. The treating physician states in the report dated 7/22/15, "Protonix Pantoprazole 20mg 60tbs 1 capsule twice daily for stomach irritation". (10B) The MTUS guidelines state, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI". In this case, the treating physician has prescribed NSAID medications and has documented that the patient has developed GERD. The current request is medically necessary.