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| Case Number: | CM15-0149415 | | |
| Date Assigned: | 08/12/2015 | Date of Injury: | 03/26/2011 |
| Decision Date: | 09/16/2015 | UR Denial Date: | 07/09/2015 |
| Priority: | Standard | Application Received: | 07/31/2015 |

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
 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 is a 51-year-old female, who sustained an industrial injury on March 28, 2011. The injured worker was diagnosed as having lumbar arthrodesis and removal of hardware, lumbar facet arthropathy and cervical discopathy-cervicalgia. Treatment to date has included multiple lumbar surgeries, therapy, magnetic resonance imaging (MRI), epidural steroid injection and medication. A progress note dated May 27, 2015 provides the injured worker complains of neck and low back pain. Her neck pain radiates to the upper extremities and migraine headaches. She rates the pain 6 out of 10 and worsening. Her low back pain radiates to the lower extremities, is rated 9 out of 10 and is unchanged. Prior lumbar epidural steroid injection was ineffective. Physical exam notes cervical paravertebral tenderness to palpation with spasm, decreased range of motion (ROM) suboccipital tenderness to palpation and numbness and tingling of the shoulders. There are well-healed lumbar surgical scars, tenderness to palpation, painful decreased range of motion (ROM) and numbness and tingling of the lower extremities. There is a request for oral medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone (Relafen) 750mg #120 1 pill TID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nabumetone Page(s): 72, 73.

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for Nabumetone (Relafen) 750mg #120 1 pill TID. The RFA is dated 07/01/15. Treatment to date has included multiple lumbar surgeries (both in 1198, and removal of hardware in 2014), physical therapy, magnetic resonance imaging (MRI), epidural steroid injection and medication. The patient is permanently partially disabled. MTUS Chronic Pain Guidelines page 72 & 73 states, "Nabumetone (Relafen, generic available): 500, 750 mg. Dosing: Osteoarthritis: The recommended starting dose is 1000 mg PO. The dose can be divided into 500 mg PO twice a day. Additional relief may be obtained with a dose of 1500 mg to 2000 mg per day. The maximum dose is 2000 mg/day. Patients weighing less than 50 kg may be less likely to require doses greater than 1000 mg/day. The lowest effective dose of Nabumetone should be sought for each patient. Use for moderate pain is off-label. (Relafen Package Insert) 72 & 73" According to progress report May 27, 2015, the patient complains of neck and low back pain. Her neck pain radiates to the upper extremities and migraine headaches. She rates the pain 6 out of 10 and worsening. Her low back pain radiates to the lower extremities, is rated 9 out of 10 and is unchanged. Physical exam notes cervical paravertebral tenderness to palpation with spasm, decreased range of motion (ROM) suboccipital tenderness to palpation and numbness and tingling of the shoulders. There are well-healed lumbar surgical scars, tenderness to palpation, painful decreased range of motion (ROM) and numbness and tingling of the lower extremities. This is an initial request for Relafen. In this case, per MTUS the maximum dose for Relafen is 1500 to 2000mg therefore, the requested 750 tid exceeds this limit. In addition, MTUS recommends using the least amount necessary at initiation of this medication. The requested Nabumetone (Relafen) 750mg #120 1 pill TID IS NOT medically necessary.

Eszopicolone tablet 1 mg #30 1 tablet at bedtime PRN: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain.

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 Chapter, under Eszopicolone (Lunesta).

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for Eszopicolone tablet 1 mg #30 1 tablet at bedtime PRN. The RFA is dated 07/01/15. Treatment to date has included multiple lumbar surgeries (both in 1198, and removal of hardware in 2014), physical therapy, magnetic resonance imaging (MRI), epidural steroid injection and medication. The patient is permanently partially disabled. ODG-TWC, Mental Illness & Stress Chapter, under Eszopicolone (Lunesta) Section states, "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 Eszopicolone (Lunesta) from 2 mg to 1 mg for both men and women." According to progress report May 27, 2015, the patient complains of neck and low back pain. Her neck pain radiates to the upper extremities and migraine headaches. She rates the pain 6 out of 10 and worsening. Her low back pain radiates to the lower extremities, is rated 9 out of 10 and is unchanged. Physical exam notes cervical paravertebral tenderness to palpation with spasm, decreased range of motion (ROM) suboccipital tenderness to palpation and numbness and tingling of the shoulders. There are well-healed lumbar surgical scars, tenderness to palpation, painful decreased range of motion (ROM) and numbness and tingling of the lower extremities. This is an initial request for Eszopicolone (Lunesta). The treater states that this medication is being prescribed to treat temporary insomnia related to the patient's pain condition." The patient has a long history of sleep disturbances due to chronic pain. The patient was previously taking Ambien. The treater has discontinued Ambien and is requesting a trial of Eszopicolone to treat temporary insomnia given the patient's sleep issues secondary to chronic pain, and the theater's statement that this medication is for temporary treatment of insomnia, the request IS medically necessary.