

Case Number:	CM15-0162174		
Date Assigned:	08/28/2015	Date of Injury:	11/14/2001
Decision Date:	10/27/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/18/2015

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: Preventive Medicine, Occupational 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 65 year old female who sustained an industrial injury on 11-14-2001. The initial report of the injury and complaint are not found in the records reviewed. The injured worker was diagnosed as having carpal tunnel syndrome situation post release and lumbosacral neuritis situation post posterior-lumbar-interbody-fusion (PLIF), lumbar disc displacement, and chronic pain. Treatment to date has included surgery and medication. Currently (06-15-2015), the injured worker complains of intermittent pain in the low back thought to be hardware related pain. This pain is improving, but has no qualitative or quantitative documentation of how is improving. The worker also has intermittent pain in the right wrist and hand. This pain is also noted to be improving but no documentation is present of the intensity or frequency of the pain and what relieves the pain. According to the provider notes, the worker did not have postoperative physical therapy for lumbar spine, and did have postoperative physical therapy for the right hand. Objectively, the lumbar spine has palpable paravertebral muscle tenderness with spasm. Range of motion has guarded and restricted standing flexion and extension. There was no clinical evidence of stability on exam. Coordination and balance are intact and there is normal strength and sensation. The provider documents residual hardware pain on the right side of the lumbar spine. Examination of the right wrist is unremarkable. X-ray findings in a flexion and extension dynamic radiographs of the lumbar spine show no hardware failure, and good position and alignment post PLIF. The treatment plan includes oral pain medication, non-steroidal anti-inflammatory medications, muscle relaxants, medication for nausea, and medication for sleep. A request for authorization was submitted for: 1. Nabumetone (Relafen

750mg #120) 2. Lansoprazole (Prevacid) 30mg #120 3. Cyclobenzaprine 7.5mg #120 4. Tramadol 150mg #90 5. Eszopiclone 1mg #30. A utilization review decision (07-30-2015) authorized Tramadol 150mg #90, and denied Nabumetone (Relafen 750mg #120), Lansoprazole (Prevacid) 30mg #120, Cyclobenzaprine 7.5mg #120, and Eszopiclone 1mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumentone (Relafen 750mg #120): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. The patient reported significant functional improvement using this medication which allows her to continue working. I am reversing the previous utilization review decision. Nabumentone (Relafen 750mg #120) is medically necessary.

Lansoprazole (Prevacid) 30mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is documentation that the patient has at least one of the risk factors needed to recommend the proton pump inhibitor Lansoprazole (Prevacid). I am reversing the previous utilization review decision. Lansoprazole (Prevacid) 30mg #120 is medically necessary.

Cyclobenzaprine 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. The patient has been taking cyclobenzaprine for an extended period, long past the 2-3 weeks recommended by the MTUS. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. Cyclobenzaprine 7.5mg #120 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 2015 Lunesta.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Insomnia treatment.

Decision rationale: The Official Disability Guidelines do not recommend the long-term use of any class of sleep aid. The patient has been taking Lunesta longer than the maximum recommended time of 4 weeks. Therefore, this request is not medically reasonable and necessary at this time. Eszopiclone 1mg #30 is not medically necessary.