

Case Number:	CM15-0169661		
Date Assigned:	09/10/2015	Date of Injury:	07/11/2011
Decision Date:	10/30/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/28/2015

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: Arizona, Michigan

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 (IW) is a 64 year old male who sustained an industrial injury on 07/11/2011. The initial report of the injury and complaint are not found in the records reviewed. The injured worker was diagnosed as having cervical spondylosis with myelopathy, displacement of cervical disc without myelopathy, brachial neuritis-radiculitis, cervicgia, unspecified myalgia and myositis, degenerative cervical intervertebral disc, spasm of muscle, and pain in thoracic spine. Treatment to date has included a fusion on 04/01/2014 of cervical 3-4, 4-5, and 5-6, radiologic imaging, and medical support. Currently, the injured worker complains of continued chronic cervical pain bilaterally, pain in the left shoulder, and upper back pain. He complains of daily headaches on the right side from occiput. He complains of Keloid pain at the surgical scar. The headaches seem worse in the evenings, and he feels tightness in the neck and shoulders. He also complains of mid back pain that wraps around to the right rib areas. Prolonged walking increases his pain and he notes without pain medications he is minimally functional. He is having severe pain that he attributes to not getting his Flector patch every two days. He complains of sleep issues and his symptoms have intensified along with decreased functionality. On exam, he continues with ongoing cervicogenic headache with residual shoulder pain from left to right and again complains of swallowing issues. The treatment plan included medical management of the chronic pain. Consent is re-established for medical management and it is noted the four A's for medication management (analgesia, adverse effects, activity level, abuse- addiction) are discussed with the worker, but there is no quantifying or qualifying notation of his current levels

of analgesia , analgesia with medications, onset of pain relief with medications, and pain level without medications. A request for authorization was submitted for: 1. Fentanyl patch 50mcg #152. Nucynta IR 75mg #303. Lunesta 3mg #304. Flector patch #305. Neurontin 600mg #606. Zanaflex 4mg #607. Baclofen 10mg #608. Cymbalta 30mg #609. Sumavel #610. Celebrex 200mg #6011. TNI cream 12. Topamax 50mg #60A utilization review decision (08-03- 2015) authorized the following:- Fentanyl patch 50mcg #15- Nucynta IR 75mg #30- Neurontin 600mg #60- Cymbalta 30mg #60- Sumavel #6- Celebrex 200mg #60- Topamax 50mg #60 And Non-authorized the following:- Lunesta 3mg #30- Zanaflex 4mg #60- Baclofen 10mg #60- TNI cream

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg #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), Insomnia, Lunesta.

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 and Stress / Eszopicolone (Lunesta).

Decision rationale: The MTUS did not specifically address the use of lunesta, therefore other guidelines were consulted. Per the ODG, "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. There is also concern that they may increase pain and depression over the long-term. In this study, eszopicolone (Lunesta) had a Hazard ratio for death of 30.62 (C.I., 12.90 to 72.72), compared to zolpidem at 4.82 (4.06 to 5.74). In general, receiving hypnotic prescriptions was associated with greater than a threefold increased hazard of death even when prescribed less than 18 pills/year. (Kripke, 2012) The FDA has lowered the recommended starting dose of eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women. Previously recommended doses can cause impairment to driving skills, memory, and coordination as long as 11 hours after the drug is taken. Despite these long-lasting effects, patients were often unaware they were impaired." A review of the injured workers medical records do not reveal extenuating circumstances that would warrant deviating from the guidelines, therefore the request for lunesta is not medically necessary.

Zanaflex 4mg #60: 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): Muscle relaxants (for pain).

Decision rationale: The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. This medication is not recommended for long-term use and there are no extenuating circumstances or documentation of pain or functional improvement that warrant continued use in the injured worker, therefore the request for Zanaflex is not medically necessary.

Baclofen 10mg #60: 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): Muscle relaxants (for pain).

Decision rationale: The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. This medication is not recommended for long-term use and there are no extenuating circumstances or documentation of pain or functional improvement that warrant continued use in the injured worker, therefore the request for Baclofen is not medically necessary.

TNI cream: Upheld

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

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

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed. Therefore, the request for TNI cream is not medically necessary.