

Case Number:	CM15-0183392		
Date Assigned:	09/24/2015	Date of Injury:	07/20/2012
Decision Date:	11/06/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/17/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 56 year old female patient, who sustained an industrial injury on 7-20-2012. The diagnoses include discogenic cervical condition with MRI showing disc disease from C3 through C7 and nerve studies revealing no radiculopathy, right shoulder impingement with MRI showing bursitis, labral tear, and AC joint wear, left shoulder impingement with MRI showing moderate tear of the rotator cuff, AC joint wear, and labral tear, carpal tunnel syndrome on the right side with symptomatology, wrist joint inflammation on the right and carpometacarpal (CMC) joint inflammation on the right treated with splints, carpal tunnel syndrome on the left with Tinel's traveling up the arm and sometimes on the carpal tunnel area, and chronic pain, depression, and sleep disorder. Per the doctor's note dated 8-6-2015, she had complaints of pain in both wrists with numbness and tingling as well as stiffness in the first carpometacarpal (CMC) joints when she wakes up; pain in both shoulders and neck with muscle spasms and stiffness; issues with sleep, stress and depression. Per the treating physician's report dated 8-6-2015, currently she was not working. The physical examination revealed systolic hypertension, tenderness along the carpometacarpal (CMC) and carpal tunnel bilaterally with positive Tinel's at both wrists, and tenderness across the cervical paraspinal muscles, along the facets, and with facet loading. Per the doctor's note dated 7-6-2015, she had complaints of shooting pain from the neck down to her arms with numbness and tingling in both upper extremities. The medications list includes aciphex, gabapentin, naproxen, tramadol, Lunesta and Flexeril. She has had multiple diagnostic studies including EMG/NCS dated 7/23/14 which revealed bilateral carpal tunnel syndrome; cervical spine MRI dated 7/28/2014, right shoulder MRI dated 7/28/2014 and

left shoulder MRI dated 7/28/2014. Prior treatments were noted to include chiropractic treatments, one subacromial injection to the right shoulder with short-term release, neck traction, bracing, splinting, TENS, and medications. The treatment plan was noted to include requests for authorization for 12 chiropractic treatments, and medications including Aciphex, prescribed since at least 7-6-2015, Gabapentin, prescribed since at least 5-26-2015, Naproxen, prescribed since at least 9-29-2014, Tramadol ER, prescribed since at least 11-22-2014, and Lunesta, prescribed since at least 7-6-2015. The request for authorization dated 8-6-2015, requested Tramadol ER 150mg Qty: 30.00, AcipHex 20mg Qty: 30.00, Lunesta 2 mg Qty: 30.00, Gabapentin 600mg Qty: 90.00, and Naproxen 550mg Qty: 60.00. The Utilization Review (UR) dated 8-20-2015, certified the requests for Gabapentin 600mg Qty: 90.00, and Naproxen 550mg Qty: 60.00, denied the requests for AcipHex 20mg Qty: 30.00 and Lunesta 2 mg Qty: 30.00, and modified the request for Tramadol ER 150mg Qty: 30.00 with approval for Qty: 20.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg Qty: 30.00: 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): Opioids (Classification), Opioids for neuropathic pain.

Decision rationale: Request: Tramadol ER 150mg Qty: 30.00. Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol use is recommended for treatment of episodic exacerbations of severe pain. According to the records, provided the patient had pain in both wrists with numbness and tingling as well as stiffness in the first carpometacarpal (CMC) joints when she wakes up; pain in both shoulders and neck with muscle spasms and stiffness. The patient has objective findings on the physical examination-tenderness along the carpometacarpal (CMC) and carpal tunnel bilaterally with positive Tinel's at both wrists, and tenderness across the cervical paraspinal muscles, along the facets, and with facet loading. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. The request for Tramadol ER 150mg Qty: 30.00 is medically necessary for this patient.

AcipHex 20mg Qty: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton pump inhibitors.

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

Decision rationale: Request: AcipHex 20mg Qty: 30.00. Aciphex contains rabeprazole and is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when: "(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 (e.g., NSAID + low-dose ASA)." There is no evidence in the records provided that the patient has any abdominal/gastric symptoms with the use of NSAIDs. The records provided do not specify any objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer. AcipHex 20mg Qty: 30.00 is not medically necessary for this patient.

Lunesta 2 mg Qty: 30.00: 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 treatment, Pain Chapter, Official Disability Guidelines (ODG), Mental Illness and Stress Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 10/09/15) Insomnia treatment.

Decision rationale: Request: Lunesta 2 mg Qty: 30.00. CA MTUS does not address this request. Eszopicolone (Lunesta) is a benzodiazepine-receptor agonist (Non-Benzodiazepine sedative-hypnotics) FDA approved for use of treatment of insomnia. It is a controlled substance. Per the ODG guideline regarding insomnia treatment, "Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. (Lexi-Comp, 2008) Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." A failure of other measures for treatment of the patient's insomnia symptoms, including proper sleep hygiene, and medications other than controlled substances, is not specified in the records provided. Lunesta 2 mg Qty: 30.00 is not medically necessary in this patient.