MAXIMUS Federal Services

Case Number:	CM15-0187540		
Date Assigned:	09/29/2015	Date of Injury:	12/07/2005
Decision Date:	11/10/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/23/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 51 year old female with a date of injury of December 7, 2005. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar discopathy with disc displacement, lumbar radiculopathy, and bilateral sacroiliac sprain and strain. Medical records dated March 19, 2015 indicate that the injured worker complains of persistent lower back pain radiating down the right leg associated with numbness and tingling, swelling in the right shin, muscles spasms of the right calf, right shoulder pain. A progress note dated May 20, 2015 notes subjective complaints similar to those reported on March 19, 2015. Per the treating physician (May 20, 2015), the employee has not returned to work. The physical exam dated March 19, 2015 reveals tenderness to palpation over the right acromioclavicular joint line, positive Neer's test, Hawkins test, and O'Brien's test, decreased range of motion of the right shoulder, tenderness to palpation in the lumbar paraspinal musculature, decreased range of motion of the lumbar spine, swelling over the right pretibial area with edema, tenderness and spasm over the right calf, and decreased sensation to light touch and pinprick at the right L5 dermatomal distribution. The progress note dated May 20, 2015 documented a physical examination that showed no change since the examination conducted on March 19, 2015. Treatment has included medications (Fexmid 7.5mg twice a day, Nalfon, 400mg, Paxil 20mg twice a day, Prilosec 20mg twice a day, Ultram ER 150mg once a day, Norco 10-325mg every four hours as needed, and topical compound since at least February of 2015). The original utilization review (September 9, 2015) non-certified a request for Nalfon 400mg #90, Lunesta 2mg #30, and Fexmid 7.5mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Nalfon (Fenoprofen Calcium) 400mg #90 for DOS 8/25/15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: With regard to the use of NSAIDs for chronic low back pain, the MTUS CPMTG states "Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." "Low back pain (chronic): Both acetaminophen and NSAIDs have been recommended as first line therapy for low back pain. There is insufficient evidence to recommend one medication over the other. Selection should be made on a case-by-case basis based on weighing efficacy vs. side effect profile." The documentation submitted for review indicates that the injured worker has been using this medication since at least 2/2015. As it is only recommended for short-term symptomatic relief, the request is not medically necessary.

Retrospective Lunesta (Eszopiclone) 2mg #30 for DOS 8/25/15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 MTUS is silent on the treatment of insomnia. With regard to insomnia treatment, the ODG guidelines state "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which mean they have potential for abuse and dependency. Although direct comparisons between benzodiazepines and the non-benzodiazepine hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action." The documentation submitted for review does not contain information regarding sleep onset, sleep maintenance, sleep quality, and next-day functioning. It was not noted whether simple sleep hygiene methods were tried and failed. The request is not medically necessary.

Retrospective Fexmid (Cyclobenzaprine HCL) 7.5mg #120 for DOS 8/25/15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) 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." Regarding Cyclobenzaprine: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. Amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects." Per p41 of the MTUS guidelines the effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment is recommended for the treatment of acute spasm limited to a maximum of 2-3 weeks. UDS that evaluate for cyclobenzaprine can provide additional data on whether the injured worker is compliant, however in this case there is no UDS testing for cyclobenzaprine. The documentation submitted for review indicates that the injured worker has been using this medication since at least 2/2015. There is no documentation of the patient's specific functional level or percent improvement with treatment with cyclobenzaprine. As it is recommended only for short-term use, medical necessity cannot be affirmed.