

<b>Case Number:</b>	CM15-0196019		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	02/15/2011
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

### 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 49 year old female who sustained an industrial injury on 02-15-2011. According to a progress report dated 05-04-2015, lumbar spine pain was rated 4-5 on a scale of 1-10. She reported bilateral lower extremity radicular pain. Tramadol was not as helpful as Ibuprofen. The injured worker also requested Tizanidine due to increased muscle spasms. Tramadol was discontinued. Tizanidine and Ibuprofen was prescribed. Work status included modified duties. On 05-04-2015 and 07-06-2015, the injured worker scored 0 on the Epworth Sleepiness scale which was in normal range. On 07-15-2015, the injured worker reported worsening daily radicular pain in the right leg. She continued to have lumbar pain that was worsened with extension of the spine. She had been managed by another provider with Ibuprofen and Tizanidine and did not want to change medications. She was currently not working. The treatment plan included Ibuprofen and Tizanidine in an effort to control pain while decreasing the use of narcotics. According to a progress report dated 08-17-2015, subjective complaints included low back pain rated 4 on a scale of 1-10, constant pressure and radiation to the left lower extremity and increased sleep difficulty. Functional changes since last examination was noted as no change. Diagnoses included lumbar spine sprain strain "rad" bilateral lower extremity, status post L4, 5 fusion, right groin pain and right hip sprain strain. Gastritis due to pain meds was also noted in other progress reports. She scored 1 on the Epworth Sleepiness Scale which was within normal range. Medications prescribed included Naprosyn 550 mg twice a day #60 and Sentra PM. Work status included modified duties. An authorization request dated 08-20-2015 was submitted for review. The requested services included Naproxen 550 mg #60,

Sentra PM #30 with 1 refill each. On 09-08-2015, Utilization Review non-certified the request for 1 prescription of Naproxen 550 mg #60 with 1 refill and 1 prescription of Sentra PM #30 with 1 refill.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 Prescription of Naproxen 550mg, #60 with 1 refill: 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), NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Per the CA MTUS Chronic Pain Medical Treatment Guidelines, page 22, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000) A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. According to the guidelines dosing is as follows: Naprosyn or naproxyn: 250-500 mg PO twice daily. Anaprox: 275-550 mg PO twice daily. (total dose may be increased to 1650 mg a day for limited periods). In this case the injured worker does have documentation of medication induced gastritis, patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily); or (2) a Cox-2 selective agent. Therefore according to the guidelines a nonselective NSAID without a PPI should be avoided and the request is therefore not medically necessary.

#### **1 Prescription of Sentra PM #30 with 1 refill: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Pain (Chronic) Sentra PM.

**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.

**Decision rationale:** Sentra PM is a neurotransmitter based medical food which has been formulated to meet the nutritional requirements for sleep, promoting restorative sleep and reducing snoring in patients who have sleep problems associated with depression. It can also be used to taper off prescription sleep aids. The CA MTUS is silent on the issue of Sentra. The ODG, mental illness and stress section, states that Sentra is not currently recommended for

insomnia. Preliminary results are promising, from a single study sponsored by the manufacturer, but independent unbiased studies are necessary for a recommendation. As this medication is not recommended by the guidelines, and the injured worker has no documentation of a diagnosis of insomnia, the request is not medically necessary.