

<b>Case Number:</b>	CM15-0196991		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	08/09/2010
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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, 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:

The injured worker is a 36-year-old male who sustained an industrial injury on 8-9-2010. Diagnoses have included right shoulder impingement syndrome with labral tear, lumbar discopathy with disc displacement, lumbar radiculopathy and bilateral sacroiliac arthropathy. Nerve conduction studies dated 3-13-2015 are interpreted by the physician as "normal." An MRI dated 1-8-2015 stated right glenoid labrum tear, right supraspinatus tendon strain, and mild osteoarthritis. Documented treatment includes medication which has included Paxil, Prilosec, Ultram ER, Norco, "compound creams" referenced in the 4-27-2015 note; Fexmid since at least 4-2015 stated to bring pain from 8 out of 10 to 6; Lunesta for at least 2 months stated to be bringing pain from 9 out of 10 to a 5; and, Nalfon since at least 4-2015 reducing pain from 8 to 7 out of 10. The provided notes do not state if Lunesta is also addressing insomnia. A urine drug screen dated 8-14-2015 is provided showing all positive results as being prescribed medications. Other previous treatments are not present in the provided documentation. On 8-29-2015, the injured worker presented with continued right shoulder and low back pain stated to be over bilateral sacroiliac joints. The pain was noted to radiate down both legs and include numbness and tingling. Examination revealed tenderness over the right acromioclavicular joint, with positive Neer's, Hawkins' and O'Brien's tests. The low back was tender over paraspinal muscles and both sacroiliac joints, with decreased range of motion noted as being secondary to pain and stiffness. Fabre Patrick's test was positive, as was supine straight leg raising at 21 degrees bilaterally. The treating physician's plan of care includes potential right shoulder decompression and debridement and they have been requesting lumbar epidural steroid injections. The request for authorization includes Lunesta 20 mg #30, Nalfon 400 mg #90, and Fexmid 7.5 mg #120 which were all denied on 9-16-2015. He remains off work.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Lunestra (Eszopicione) 2mg #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), Pain (updated 09/08/15) - Online Version, Eszopicolone (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 chapter and pg 64.

**Decision rationale:** The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. 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. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the claimant was on Lunesta for several months. The claimant noted it improved pain. Lunesta is not intended for pain and pain may cause sleep difficulties. Long-term use is not indicated. Failure of behavioral interventions is not noted. Continued Lunesta use is not medically necessary.

### **Nalfon (Fanoprofen Calcium) 400mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

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

**Decision rationale:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for several months along with opioids with only a point reduction in pain. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Nalfon is not medically necessary.

**Fexmid (Cyclobenzaprine HCL) 7.5mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

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

**Decision rationale:** According to the MTUS guidelines, Cyclobenzaprine (Fexmid) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Fexmid for a prolonged period along (months) with NSAIDS. Continued use of Fexmid is not medically necessary.