

<b>Case Number:</b>	CM15-0204160		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	10/18/2011
<b>Decision Date:</b>	12/28/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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  
 Certification(s)/Specialty: Emergency 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 is a 63-year-old male, with a reported date of injury of 10-18-2011. The diagnoses include left degenerative disc disease of the cervical spine, chronic cervical myofascial pain, and paresthesias. The progress report dated 09-01-2015 indicates that the injured worker was doing well, and there were "no new complaints on his left neck area." The objective findings include slightly decreased cervical lordosis; tenderness to palpation of C5-6 and C6-7 paraspinals in the left side but no major taut bands; grossly normal flexion and extension of the neck; normal strength of the bilateral wrist extensors along with triceps and biceps; and normal sensation to light touch at the C5-6 and C6-7 paraspinals. The treatment plan included the refill of medications. It was noted that the injured worker was taking Percocet once a day and had been weaned down from four a day; and the purpose of the Omeprazole was due to the injured worker getting some nausea and upset stomach. The injured worker's work status was modified to no lifting or carrying anything over 25 pounds. It was noted that the injured worker was permanent and stationary "a while ago." The diagnostic studies to date have not been included in the medical records provided. Treatments and evaluation to date have included home exercise program, Tylenol with codeine, Cyclobenzaprine, Percocet (since at least 09-2015), Lunesta (since at least 09-2015), Omeprazole (since at least 09-2015), pain creams (since at least 09-2015), Neurontin, and Ibuprofen. The request for authorization was dated 09-09-2015. The treating physician requested Percocet 5-325mg #30, Lunesta 2mg #60, Cyclobenzaprine 7.5mg #120, Omeprazole 20mg #120, and compounded Cyclobenzaprine 10% and Flurbiprofen 20% cream. On 09-17-2015 Utilization Review (UR) non-certified the request for Percocet 5-325mg

#30, Lunesta 2mg #60, Cyclobenzaprine 7.5mg #120, Omeprazole 20mg #120, and compounded Cyclobenzaprine 10% and Flurbiprofen 20% cream.

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

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

**Percocet 5/325mg 0.5 tab po bid #30:** 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): Opioids, criteria for use.

**Decision rationale:** The request is for the use of a medication in the opioid class. The MTUS guidelines state that for ongoing treatment with a pharmaceutical in this class, certain requirements are necessary. This includes not only adequate pain control, but also functional improvement. Four domains have been proposed for management of patients on opioids. This includes pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. As part of the pain treatment agreement, it is advised that "Refills are limited, and will only occur at appointments." In this case, there is inadequate documentation of persistent functional improvement seen. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit and a reduction in the dependency on continued medical treatment. As such, the request is not medically necessary. All opioid medications should be titrated down slowly in order to prevent a significant withdrawal syndrome.

**Lunesta 2mg #60:** 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) Mental illness & Stress/Eszopicolone (Lunesta).

**Decision rationale:** The request is for the use of Lunesta to aid in insomnia. The official disability guidelines state the following regarding this topic: Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. 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. (FDA, 2014) In this case, continued use of this medication is not supported by the guidelines. This is secondary to the duration with long-term use being not advised. As such, the request is not medically necessary.

**Cyclobenzaprine 7.5mg #120: 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:** The request is for the use of a muscle relaxant to aid in pain relief. The MTUS guidelines state that the use of a medication in this class is indicated as a second-line option for short-term treatment of acute exacerbations of low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, which can increase mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain improvement. Efficacy appears to diminish over time, and prolonged use may lead to dependence. (Homik, 2004) In this case, the use of a muscle relaxant is not guideline-supported. This is secondary to poor effectiveness for chronic long-term use. As such, the request is not medically necessary.

**Omeprazole 20mg #120: 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, GI symptoms & cardiovascular risk.

**Decision rationale:** The request is for the use of a medication in the class of a proton pump inhibitor. It is indicated for patients with peptic ulcer disease. It can also be used as a preventative measure in patients taking non-steroidal anti-inflammatories for chronic pain. Unfortunately, they do have certain side effects including gastrointestinal disease. The MTUS guidelines states that patients who are classified as intermediate or high risk, should be treated prophylactically. Criteria for risk are as follows: "(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)." Due to the fact the patient does not meet to above stated criteria, the request for use is not medically necessary.

**Compound cream Cyclobenzaprine 10%, Flurbiprofen 20%: 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): Topical Analgesics.

**Decision rationale:** The request is for the use of a compounded medication for topical use to aid in pain relief. These products contain multiple ingredients which each have specific properties and mechanisms of action. The MTUS guidelines state the following: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, the use of the topical muscle relaxant is not indicated for use for the patient's condition. The MTUS states the following regarding muscle relaxants used topically: Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline-Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. As indicated above, due to inadequate clinical evidence of efficacy, the request is not medically necessary.