

Case Number:	CM15-0206455		
Date Assigned:	10/23/2015	Date of Injury:	03/10/2015
Decision Date:	12/21/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/21/2015

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, Illinois
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 47 year old male with an industrial injury date of 03-10-2015. Medical record review indicates he is being treated for cervical and lumbar strain, herniated nucleus pulposus cervical 4-5 and cervical 5-6, right shoulder sprain -impingement and partial rotator cuff tear. Subjective complaints (08-19-2015) included right shoulder pain and neck pain. Associated symptoms were numbness and tingling in the bilateral lower extremities and right upper extremity. The treating physician noted the medications had been very helpful in controlling his pain and spasms. The pain is rated as 7 out of 10 without medications and 4 out of 10 with medications. The treating physician noted the injured worker needed non-steroidal anti-inflammatory medications but had developed gastrointestinal esophageal reflux disease. The physician also noted the injured worker had improved sleep with Lunesta and Tramadol was helpful for severe pain. The treating physician noted the medications allowed improved activities of daily living including the ability to ambulate, use the bathroom, provide self-care, cook and clean. "The patient's ability to function is much improved with the use of the prescribed medications and has resulted in a marked decrease in symptoms." Prior treatment included medications. Medications included Naproxen, Tramadol (at least since 06-24-2015), Cyclobenzaprine (at least since 06-24-2015), Pantoprazole and Lunesta (at least since 07-22-2015). Objective findings (08-19-2015) noted antalgic gait. There was positive cervical and lumbar tenderness with muscle spasms noted in the paraspinal musculature. Cervical and lumbar spine range of motion was decreased. On 09-24-2015 the following requests were denied by

utilization review: Flexeril 10 mg (per 09-16-2015 order) Quantity 90, Ultram 50 mg (per 09-16-2015) Quantity 60, Lunesta 1 mg (per 09-16-2015) Quantity 30

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, #90 (per 9/16/15 order): 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): Muscle relaxants (for pain).

Decision rationale: The injured worker sustained a work related injury on 03-10-2015. The medical records provided indicate the diagnosis of cervical and lumbar strain, herniated nucleus pulposus cervical 4-5 and cervical 5-6, right shoulder sprain -impingement and partial rotator cuff tear. Treatments have included surgery and medications. The medical records provided for review do not indicate a medical necessity for Flexeril 10mg, #90 (per 9/16/15 order). Flexeril (Cyclobenzaprine) is a muscle relaxant recommended to be used in the treatment of acute exacerbation of chronic low back pain for not longer than 2-3 weeks, but the records indicate the injured worker has been using it at least since 05/2015. Therefore the request is not medically necessary.

Ultram 50mg, #60 (per 9/16/15 order): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis. Decision based on Non-MTUS Citation Management of Perioperative pain in patients Chronic consuming Opioids, <http://ether.stanford.edu/Ortho/11%20-%20pain%20management.pdf>.

Decision rationale: The injured worker sustained a work related injury on 03-10-2015. The medical records provided indicate the diagnosis of cervical and lumbar strain, herniated nucleus pulposus cervical 4-5 and cervical 5-6, right shoulder sprain -impingement and partial rotator cuff tear. Treatments have included surgery and medications. The medical records provided for review do indicate a medical necessity for Ultram 50mg, #60 (per 9/16/15 order). The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. This is one situation where the use of opioid is

medically necessary in this injured worker: the records indicate the worker has used opioids for awhile with no overall improvement, but had right shoulder arthroscopy with extensive debridement on 09/19/15(three days after the request). Therefore, while it may not be medically necessary to continue the use of this medication for chronic pain management, this particular request is medically necessary for perioperative use. In an article entitled "Management of Perioperative pain in patients chronic consuming Opioids" Ian R Carrol, et all reported that not only do individuals on chronic opioid treatment require more opioids during the perioperative periods than others, it is more challenging to manage the pain of the individual on chronic opioid treatment than others. Therefore, the requested treatment is medically necessary.

Lunesta 1mg, #30 (per 9/16/15 order): 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 - Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Eszopicolone (Lunesta).

Decision rationale: The injured worker sustained a work related injury on 03-10-2015. The medical records provided indicate the diagnosis of cervical and lumbar strain, herniated nucleus pulposus cervical 4-5 and cervical 5-6, right shoulder sprain -impingement and partial rotator cuff tear. Treatments have included surgery and medications. The medical records provided for review do not indicate a medical necessity for Lunesta 1mg, #30 (per 9/16/15 order). The MTUS is silent on it, but the Official Disability Guidelines states 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. The medical records indicate the injured worker has been using this at least since 06/2015; therefore, the requested treatment is not medically necessary.