MAXIMUS Federal Services

Case Number:	CM15-0020532		
Date Assigned:	02/10/2015	Date of Injury:	07/22/2013
Decision Date:	05/01/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/03/2015

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: Pennsylvania
Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 35-year-old male, with a reported date of injury of 07/22/2013.The diagnoses include chronic cervical radiculopathy at C5-6, chronic cervical nerve root injury at C5-6, chronic left wrist strain/sprain, chronic myofasciitis of the cervical region, chronic bilateral deltoid and brachioradialis weakness, chronic lumbar strain/sprain, chronic lumbar disc syndrome, and severe to moderate depression. Treatments to date have included electrodiagnostic studies of the bilateral upper extremities, physical therapy, an MRI of the hand/ wrist, x-rays of the hand, injection to the wrist, and oral medications. Currently, the injured worker complains of ongoing neck pain with radiation to the left arm, low back pain, and sleeping difficulty. The medical report dated 07/22/2014 indicates that the injured worker's symptoms were aggravated by life activities, repetitive lifting, grasping activities with his left upper extremity prolong standing, prolong sitting, neck flexion, extension, and rotation. The physical examination showed tenderness at the suboccipital nerve, bilateral posterior Nuchae muscle spasm, and a normal examination of the lower extremities. The medical report from which the request originates was not included in the medical records provided for review. The treating physician requested Fenoprofen, Lunesta, and Cyclobenzaprine. The only clinical documentation submitted for review was the report dated 07/22/2014; no recent clinical treating physician notes were submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen Calcium 400mg Cap, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: Fenprofen calcium is in the non-steroidal anti-inflammatory drugs (NSAID) class of medications. The MTUS Guidelines support the use of NSAIDs for use in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. The submitted and reviewed documentation indicated the worker was experiencing neck pain with left arm numbness, tingling, and weakness; lower back pain with weakness; decreased sleep; and anxious and depressed moods. No recent clinical documentation was submitted for review. There was no description of improved pain intensity or function with the use of this medication or detailed individualized risk assessment. In the absence of such evidence, the current request for 60 tablets of fenoprofen calcium 400mg is not medically necessary.

Lunesta 1mg tab #30: 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 Schutte-Rodin S, et al. Clinical guideline for the evaluation and management of chronic insomnia in adults. J Clin Sleep Med. Oct 15 2008; 4(5): 487-504. (American Academy of Sleep Medicine (AASM) Guideline)Chawla J, et al. Reference Topic Insomnia, Medscape. http://emedicine.medscape.com/article/1187829-overview#aw2aab6b2b2, accessed 04/27/2015.

Decision rationale: The MTUS Guidelines are silent on the topic of insomnia. The 2008 AASM Guideline and literature stress the importance of a thorough history in order to establish the type and evolution of insomnia, perpetuating factors, and pertinent concurrent issues. Monitoring data from a sleep diary before and during active treatment is strongly encouraged. Treatment goals should be aimed at improving both the quality and quantity of sleep as well as decreasing daytime impairments. Initial treatment should include at least one behavioral intervention, and all patients should adhere to rules of good sleep hygiene in combination with other therapies. When long-term treatment with medication is needed, consistent follow up, ongoing assessments of benefit, monitoring for adverse effects, and evaluation of new or exacerbative issues should occur. Lunesta (eszopiclone) is included in the classes of drugs that are recommended for initial pharmacotherapy when medications are necessary. However, the use for longer than two to four

weeks should be avoided if possible. The submitted and reviewed documentation indicated the worker was experiencing neck pain with left arm numbness, tingling, and weakness; lower back pain with weakness; decreased sleep; and anxious and depressed moods. No recent clinical documentation was submitted for review. There was no suggestion that a behavioral intervention had not been effective, detailed sleep assessment, description of benefit from the use of this medication, or exploration of the presence of possible negative effects. There was no discussion indicating special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for thirty tablets of Lunesta (eszopiclone) 1mg is not medically necessary. While the Guidelines support the use of an individualized taper to avoid withdrawal effects, the risks of continued use significantly outweigh the benefits in this setting, and a wean should be able to be completed with the medication available to the worker.

Cyclobenzaprine 7.5mg tab #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Weaning of Medications Page(s): 63-66, 124.

Decision rationale: Cyclobenzaprine is a medication in the antispasmodic muscle relaxant class. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation indicated the worker was experiencing neck pain with left arm numbness, tingling, and weakness; lower back pain with weakness; decreased sleep; and anxious and depressed moods. No recent clinical documentation was submitted for review. There also was no suggestion that the worker was having a new flare of lower back pain or discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for sixty tablets of cyclobenzaprine 7.5mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.