

Case Number:	CM15-0212591		
Date Assigned:	11/02/2015	Date of Injury:	04/07/2003
Decision Date:	12/15/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 52 year old female, who sustained an industrial injury on 4-07-2003. The injured worker is being treated for lumbar-lumbosacral degeneration intervertebral disc, degeneration cervical intervertebral disc, synovitis, tenosynovitis and unspecified myalgia-myositis. Treatment to date has included medications and chiropractic manipulation. Per the Primary Treating Physician's Progress Reports dated 5-27-2015 and 9-23-2015, the injured worker presented for follow-up. She reported the most significant relief of her chronic pain with the use of chiropractic manipulation once every 3-4 weeks. If anything, it really helps to keep her stiffness at bay, improving her mobility and largely influencing her ability to maintain a regular work schedule. Participation in treatment has allowed her to discontinue her narcotic analgesics. It is unclear from the medical records submitted how many sessions of chiropractic care she has received to date. Objective findings included tenderness to palpation at the lumbosacral junction, cervicothoracic paraspinals, thoracic paraspinals and left PSIS. There was limited extension and lateral bend. Work status was not documented at this visit. The plan of care included continuation of medications and home exercise and chiropractic evaluation and treatment. The IW has been prescribed Lunesta and Mobic since at least 5-27-2015. Authorization was requested on 9-24-2015 for Mobic 15mg #120, Wellbutrin XL 150mg #180, Lunesta 2mg #240, 6 chiropractic manipulation sessions and Gabapentin 300mg #360. On 10-01-2015, Utilization Review non-certified the request for Mobic 15mg, and modified the request for Lunesta 2mg and chiropractic manipulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 15mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects.

Decision rationale: The claimant has a remote history of a work injury occurring in April 2003 and continues to be treated for radiating neck pain. In May 2015, she was receiving chiropractic manipulation every 3-4 weeks. Treatments were improving her mobility and allowing her to maintain a regular work schedule. Medications included Naprosyn, which was causing symptoms of gastroesophageal reflux. Physical examination findings included a body mass index over 27. There was lumbar tenderness with limited extension and side bending. There was tenderness throughout the cervical and thoracic paraspinal muscles and tenderness at the left posterior superior iliac spine. There was pain with left thumb abduction and there was bilateral CMC tenderness. Continued chiropractic treatments every 3-4 weeks for six weeks were planned. Increasing her home exercise program to include aerobic exercise was recommended as well as a trial of yoga. In September 2015, she was having an exacerbation of back pain secondary to acute left knee pain with an altered gait. She was continuing to use Naprosyn with gastric upset. Physical examination findings included a flattening of the lumbar spine. There was tenderness at the lumbosacral junction. She had limited lumbar extension and side bending. She still had tenderness throughout the cervical and thoracic paraspinals and at the left posterior superior iliac spine. Recommendations included continued chiropractic treatments every 3-4 weeks for six treatments. Mobic was prescribed. Branded Lunesta was prescribed with four refills. Oral NSAIDs (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. In this case, there is a history of gastrointestinal upset with Naprosyn. Guidelines recommend prescribing a selective COX-2 medication such as Mobic (meloxicam). The usual initial dose is 7.5 mg/day, although some patients may receive additional benefit with an increase to 15 mg a day. In this case, the initial dose being prescribed is in excess of the usual dose recommended and the claimant has a history of gastric upset with prior NSAID medication use. Selective NSAID medication reduces but does not eliminate the risk of GI complications. For this reason, the request is not medically necessary.

Lunesta 2mg #240: 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 chapter, Insomnia treatment, Mental Illness and Stress Chapter, Lunesta.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant has a remote history of a work injury occurring in April 2003 and continues to be treated for radiating neck pain. In May 2015, she was receiving chiropractic manipulation every 3-4 weeks. Treatments were improving her mobility and allowing her to maintain a regular work schedule. Medications included Naprosyn, which was causing symptoms of gastroesophageal reflux. Physical examination findings included a body mass index over 27. There was lumbar tenderness with limited extension and side bending. There was tenderness throughout the cervical and thoracic paraspinal muscles and tenderness at the left posterior superior iliac spine. There was pain with left thumb abduction and there was bilateral CMC tenderness. Continued chiropractic treatments every 3-4 weeks for six weeks were planned. Increasing her home exercise program to include aerobic exercise was recommended as well as a trial of yoga. In September 2015, she was having an exacerbation of back pain secondary to acute left knee pain with an altered gait. She was continuing to use Naprosyn with gastric upset. Physical examination findings included a flattening of the lumbar spine. There was tenderness at the lumbosacral junction. She had limited lumbar extension and side bending. She still had tenderness throughout the cervical and thoracic paraspinals and at the left posterior superior iliac spine. Recommendations included continued chiropractic treatments every 3-4 weeks for six treatments. Mobic was prescribed. Branded Lunesta was prescribed with four refills. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided and Lunesta is being prescribed on a long-term basis. Whether the claimant has primary or secondary insomnia has not been determined. Conditions such as medication or stimulant side effects, depression, anxiety, restless legs syndrome, obstructive sleep apnea, pain and cardiac and pulmonary conditions, if present, should be identified and could be treated directly. The continued prescribing of Lunesta (eszopiclone) is not medically necessary.

Chiropractic manipulation 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The claimant has a remote history of a work injury occurring in April 2003 and continues to be treated for radiating neck pain. In May 2015, she was receiving chiropractic manipulation every 3-4 weeks. Treatments were improving her mobility and allowing her to maintain a regular work schedule. Medications included Naprosyn, which was causing symptoms of gastroesophageal reflux. Physical examination findings included a body mass index over 27. There was lumbar tenderness with limited extension and side bending. There was

tenderness throughout the cervical and thoracic paraspinal muscles and tenderness at the left posterior superior iliac spine. There was pain with left thumb abduction and there was bilateral CMC tenderness. Continued chiropractic treatments every 3-4 weeks for six weeks were planned. Increasing her home exercise program to include aerobic exercise was recommended as well as a trial of yoga. In September 2015, she was having an exacerbation of back pain secondary to acute left knee pain with an altered gait. She was continuing to use Naprosyn with gastric upset. Physical examination findings included a flattening of the lumbar spine. There was tenderness at the lumbosacral junction. She had limited lumbar extension and side bending. She still had tenderness throughout the cervical and thoracic paraspinals and at the left posterior superior iliac spine. Recommendations included continued chiropractic treatments every 3-4 weeks for six treatments. Mobic was prescribed. Branded Lunesta was prescribed with four refills. Chiropractic treatment is recommended for chronic pain if caused by musculoskeletal conditions. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. For recurrent flare-ups, if return to work has been achieved, then 1-2 visits every 4-6 months can be recommended. In this case, the number of treatments being requested is in excess of the guideline recommendation and is not medically necessary.