

<b>Case Number:</b>	CM15-0216962		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	07/03/2001
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2015

### 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, Florida, California

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(n) 49 year old female, who sustained an industrial injury on 7-3-01. The injured worker was diagnosed as having cervical discopathy with disc displacement, cervical radiculopathy, lumbar discopathy with disc replacement, lumbar radiculopathy, right shoulder impingement syndrome and mood disorder. Subjective findings (6-29-15, 7-30-15 and 8-29-15) indicated right shoulder pain radiating into the right side of the neck and low back pain radiating down the right leg. There is no documentation of sleep quality or sleep disturbances. Objective findings (6-29-15, 7-30-15 and 8-29-15) revealed tenderness to palpation over the cervical paraspinal musculature, a positive Spurling's sign on the right, a positive Hawkin's sign in the right shoulder and decreased lumbar range of motion. As of the PR2 dated 10-2-15, the injured worker reports right shoulder pain radiating into the right side of her neck and low back pain radiating down her right leg. She also indicated depression related to chronic pain. Objective findings include tenderness to palpation over the cervical paraspinal musculature, a positive Spurling's sign on the right, a positive Hawkin's sign in the right shoulder and decreased lumbar range of motion. Current medications include Ultram, Norco, Prilosec, Lunesta (since at least 8-29-15), Nalfon (since at least 6-29-15) and Paxil (since at least 6-29-15). The urine drug screen on 7-30-15 was consistent with prescribed medications. Treatment to date has included a platelet rich plasma injection to the sacroiliac joint (date of service not provided) and aquatic therapy was requested. The Utilization Review dated 10-24-15, non-certified the request for Lunesta 2mg #30, Nalfon 400mg #90 and Paxil 20mg #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Lunesta (Eszopiclone) 2mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** This claimant was injured in 2001, now 14 years ago. The injured worker was diagnosed as having cervical discopathy with disc displacement, cervical radiculopathy, lumbar discopathy with disc replacement, lumbar radiculopathy, right shoulder impingement syndrome and mood disorder. There is continued right shoulder, neck and low back pain. There was no documentation of sleep quality or sleep disturbances. Regarding Eszopiclone (Lunesta), the MTUS is silent. The ODG, Pain section simply notes it is not recommended for long-term use, but recommended for short-term use. In this case, there is no clinical level documentation of insomnia that might drive the need for a short term sleep aid. It is also not long clear how long the sleep medicines have been in use. There is insufficient evidence to support the usage in this claimant's case. The request is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** Chronic Pain Medical Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Pain interventions and treatments 8 C.C.R. 9792.20 - 9792.26, page 60 and 67 of 127As shared previously, this claimant was injured in 2001, now 14 years ago. The injured worker was diagnosed as having cervical discopathy with disc displacement, cervical radiculopathy, lumbar discopathy with disc replacement, lumbar radiculopathy, right shoulder impingement syndrome and mood disorder. There is continued right shoulder, neck and low back pain. The claimant has been on long term non-steroidal anti-inflammatory medicines for some time. The MTUS recommends NSAID medication for osteoarthritis and pain at the lowest dose, and the shortest period possible. The guides cite that there is no reason to recommend one drug in this class over another based on efficacy. Further, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the

MTUS does not support the use of this medicine, and moreover, to recommend this medicine instead of simple over the counter NSAID. The medicine is not medically necessary.

**Paxil (Paroxetine HCL) 20 mg # 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): SSRIs (selective serotonin reuptake inhibitors).

**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, under Antidepressants.

**Decision rationale:** As shared previously, this claimant was injured in 2001, now 14 years ago. The injured worker was diagnosed as having cervical discopathy with disc displacement, cervical radiculopathy, lumbar discopathy with disc replacement, lumbar radiculopathy, right shoulder impingement syndrome and mood disorder. There is continued right shoulder, neck and low back pain. There is no mention of objective, functional improvement out of the Paxil usage. No clear DSM-IV criteria are met of a depressive disorder. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding antidepressants to treat a major depressive disorder, the ODG notes: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. In this case, it is not clear what objective benefit has been achieved out of the antidepressant usage, how the activities of daily living have improved, and what other benefits have been. It is not clear if this claimant has a major depressive disorder as defined in DSM-IV. The request is not medically necessary.