

<b>Case Number:</b>	CM15-0219165		
<b>Date Assigned:</b>	11/12/2015	<b>Date of Injury:</b>	11/04/2013
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2015

### 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:

This is a 38 year old male who sustained a work-related injury on 11-4-13. Medical record documentation on 10-8-15 revealed the injured worker was being treated for cervical, thoracic and lumbar radiculopathy, sprain of the thoracic spine, headaches and insomnia. He reported pain in the neck, mid-back, low back, lower extremities and headaches. His complaints were unchanged from his previous evaluation. No pain rating was provided on the 10-8-15 evaluation. On 9-11-15, his headache pain was rated 7 on a 10-point scale and his low back pain was rated an 8 on a 10-point scale. He noted continued neck pain with frequent headaches and radiation of pain into the upper back. His low back pain was constant and moderate and radiation of pain into the bilateral lower extremities with associated numbness and tingling. He reported constipation and diarrhea. He reported that his medications provided him with some relief and were helpful. The use of his medications increased his activities of daily living. Objective findings included moderate tenderness over the cervical spinal musculature and bilateral cervical facet joints. His cervical spine range of motion-included flexion to 45 degrees, extension to 45 degrees, bilateral rotation to 65 degrees, and bilateral lateral tilt to 20 degrees. He had positive extension compression test on the left and positive bilateral foraminal compression test. His cervical spine sensation to light touch was decreased on the left side. He had moderate tenderness to palpation over the thoracic spine and bilateral thoracic facet joints. His thoracic spine range of motion included flexion to 35 degrees, and bilateral rotation to 15 degrees. The injured worker had moderate tenderness to palpation with muscle guarding and spasms over the lumbar spine and the bilateral lumbar facet joints. Straight leg raise was positive at 35 degrees

on the right and 45 degrees on the left. Heel-toe walk was positive bilaterally and Kemp's test was positive bilaterally. His medications included Anaprox DX 550 mg, Prilosec 20 mg (since at least 4-17-15), Ultram ER 150 mg, Fexmid 7.5 mg (since at least 4-17-15), Lunesta 3 mg (since at least 4-17-15) and topical pain medications. The injured worker's past medical history was not clearly defined in the documentation submitted. A request for Prilosec 20 mg #60, Fexmid 7.5 mg #60 and Lunesta 3 mg #30 was received on 10-14-15. On 10-21-15, the Utilization Review physician determined Prilosec 20 mg #60, Fexmid 7.5 mg #60 and Lunesta 3 mg #30 was not medically necessary.

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

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

#### **Retrospective request for Prilosec 20mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** The claimant sustained a work injury in November 2013 when, while on a ladder using a nail gun, a nail ricocheted striking him in the face and causing him to fall. In August 2015, he was continuing to be treated for neck, mid back, low back, and lower extremity pain and had headaches. He was having ongoing difficulties sleeping due to pain. Medications included Lunesta. In October 2015, his complaints were unchanged. He had taken some of his medications. Review of systems was positive for constipation and diarrhea. Physical examination findings included moderate to severe tenderness throughout the spine. There was moderate bilateral suboccipital muscle tenderness. He had decreased spinal range of motion and there was multilevel facet tenderness. Cervical foraminal compression testing was positive bilaterally. He had decreased upper extremity strength and sensation. He had lumbar muscle guarding with spasms. Straight leg raising was positive bilaterally. There was decreased lower extremity strength and sensation. Kemp's testing was positive bilaterally. Authorization was requested for additional physical therapy. Medications were Anaprox DS, Prilosec, Lunesta, extended release tramadol, and topical compounded creams. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant does not have any identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. The prescribing of a proton pump inhibitor such as Prilosec (omeprazole) is not medically necessary.

#### **Retrospective request for Fexmid 7.5mg #60: 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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

**Decision rationale:** The claimant sustained a work injury in November 2013 when, while on a ladder using a nail gun, a nail ricocheted striking him in the face and causing him to fall. In August 2015, he was continuing to be treated for neck, mid back, low back, and lower extremity pain and had headaches. He was having ongoing difficulties sleeping due to pain. Medications included Lunesta. In October 2015, his complaints were unchanged. He had taken some of his medications. Review of systems was positive for constipation and diarrhea. Physical examination findings included moderate to severe tenderness throughout the spine. There was moderate bilateral suboccipital muscle tenderness. He had decreased spinal range of motion and there was multilevel facet tenderness. Cervical foraminal compression testing was positive bilaterally. He had decreased upper extremity strength and sensation. He had lumbar muscle guarding with spasms. Straight leg raising was positive bilaterally. There was decreased lower extremity strength and sensation. Kemp's testing was positive bilaterally. Authorization was requested for additional physical therapy. Medications were Anaprox DS, Prilosec, Lunesta, extended release tramadol, and topical compounded creams. Fexmid (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there was no acute exacerbation and the quantity being prescribed is consistent with ongoing long-term use. It appears ineffective as the claimant has ongoing muscle spasms. Continued prescribing is not medically necessary.

**Retrospective request for Lunesta 3mg #30: Upheld**

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

**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 sustained a work injury in November 2013 when, while on a ladder using a nail gun, a nail ricocheted striking him in the face and causing him to fall. In August 2015, he was continuing to be treated for neck, mid back, low back, and lower extremity pain and had headaches. He was having ongoing difficulties sleeping due to pain. Medications included Lunesta. In October 2015, his complaints were unchanged. He had taken some of his medications. Review of systems was positive for constipation and diarrhea. Physical examination findings included moderate to severe tenderness throughout the spine. There was moderate bilateral suboccipital muscle tenderness. He had decreased spinal range of motion and there was multilevel facet tenderness. Cervical foraminal compression testing was positive bilaterally. He had decreased upper extremity strength and sensation. He had lumbar muscle guarding with spasms. Straight leg raising was positive bilaterally. There was decreased lower extremity strength and sensation. Kemp's testing was positive bilaterally. Authorization was requested for additional physical therapy. Medications were Anaprox DS, Prilosec, Lunesta,

extended release tramadol, and topical compounded creams. 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 claimant has difficulty sleeping due to. Treatments of his nighttime pain would be the expected management. Additionally, conditions such as medication or stimulant side effects, depression, anxiety, restless legs syndrome, obstructive sleep apnea, and cardiac and pulmonary conditions, if present, should be identified and could also be treated directly. The continued prescribing of Lunesta (eszopiclone) is not medically necessary.