

Case Number:	CM15-0030541		
Date Assigned:	02/24/2015	Date of Injury:	10/18/2012
Decision Date:	04/09/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/18/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45-year-old female who sustained an industrial injury on 10/18/2012. Current diagnoses include lumbago and cervicgia. Previous treatments included medication management. Report dated 01/06/2015 noted that the injured worker presented with complaints that included cervical spine pain with radiation to the upper extremities and headaches. Pain level was rated as 7 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. Utilization review performed on 01/26/2015 non-certified a prescription for omeprazole, cyclobenzaprine hydrochloride, Tramadol ER, and eszopiclone, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS and Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg: one PO Q12h PRN, #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: This patient presents with chronic cervical and lumbar spine pain with upper and lower extremities. The current request is for OMEPRAZOLE 20MG ONE PO Q12H PRN, #120. The MTUS Guidelines page 68 and 69 state that omeprazole is recommended with precaution for patients for gastrointestinal events including: ages greater than 65, history of peptic ulcer disease and GI bleeding or perforation, concurrent use of ASA or corticoid and/or anticoagulant, high dose/multiple NSAID. The Utilization review denied the request stating that the patient does not meet MTUS criteria for the use of this medication. In this case, the patient has been using Naproxen on a long-term basis and progress reports document GI symptoms. The patient is reported to have a history of epigastric pain and stomach upset from using NSAID. This request IS medically necessary.

Cyclobenzaprine Hydrochloride 7.5mg: one Q8H PRN #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: This patient presents with chronic cervical and lumbar spine pain with upper and lower extremities. The current request is for CYCLOBENZAPRINE. The MTUS Guidelines page 63-66 states, "muscle relaxants, for pain: Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." This patient has been using cyclobenzaprine since 12/24/14 and MTUS Guidelines supports its use for short course of therapy not longer than 2 to 3 weeks. The requested cyclobenzaprine IS NOT medically necessary.

Tramadol ER 150mg: One QD PRN #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient presents with chronic cervical and lumbar spine pain with upper and lower extremities. The current request is for TRAMADOL ER 150MG: ONE QD PRN #190. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 A's,

which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires pain assessment or outcome measures that include current pain, average pain, least pain; intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The treating physician states that medications help in "curing and relieving the patient's symptomology. They are improving the patient's activities of daily living." The patient remains off work. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing long term opiate. There are no before and after pain scales provided to denote a decrease in pain with utilizing long-term opioid. Furthermore, there are no discussions regarding aberrant behaviors or adverse side effects as required by MTUS for opiate management. The treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. This request IS NOT medically necessary and recommendation is for slow weaning per MTUS.

Eszopiclone 1mg: one QHS PRN #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines pain chapter, under insomnia treatments.

Decision rationale: This patient presents with chronic cervical and lumbar spine pain with upper and lower extremities. The current request is for ESZOPICOLONE 1MG: ONE QHS PRN #30. ODG Guidelines pain chapter, under insomnia treatments section states, "Eszopiclone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. The only benzodiazepine-receptor agonist FDA approved for used longer than 35 days. A randomized, double-blind controlled clinical trial with 830 primary insomnia patients reported significant improvement in the treatment group when compared to the controlled group for sleep latency, wake after sleep onset, and total sleep time over a 6-month period." The Utilization review denied the request stating that this medication is not intended for long-term use. MTUS states that Lunesta is the "only benzodiazepine-receptor agonist FDA approved for use longer than 35 days." The treating physician states that this medication is a temporary treatment for the patient's insomnia. The treating physician also states that medications help in "curing and relieving the patient's symptomology. They are improving the patient's activities of daily living." The requested Lunesta IS medically necessary.