MAXIMUS Federal Services

Case Number:	CM15-0051090		
Date Assigned:	03/24/2015	Date of Injury:	02/25/2013
Decision Date:	06/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/17/2015

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 62 year old female, who sustained an industrial injury on 02/25/2013. The mechanism of injury was a fall. The injured worker was diagnosed as having lumbar degenerative disc disease, lumbosacral or thoracic neuritis or radiculitis unspecified, pyriformis syndrome, muscle scar and myofascial pain. On 01/09/2015, the injured worker complains of flare up of back pain probably due to upper respiratory infection that started the day prior. Low back pain radiated down to the right lower extremity with numbness/tingling. She reported coughing, muscle aches, headache, ear pain, teary eyes with some fever. She experienced some nausea with Tylenol. The injured worker reported she takes Lunesta and her mood is better, as well as her sleep with the use of the medication. She only takes NSAIDs if needed. She reported her stomach is better with omeprazole. She reported she could not tolerate gabapentin and cyclobenzaprine due to a headache and blurriness. She reported TENS unit seemed to be helpful at first, but pain was getting worse with use. Upon physical examination, she was noted to have an antalgic gait with decreased range of motion of the lumbar spine. Her current medications were noted to include Tylenol, Lunesta, omeprazole and naproxen. The treatment plan included refill medications, continue home exercise program, TENS unit and self-care, aquatic therapy, lumbar brace, psychologist evaluation with a trial of CBT and follow-up appointment. Currently under review is the request for Naproxen Sodium, Omeprazole, Lidopro Patch, Eszopiclone and TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The California MTUS/ACOEM guidelines recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The clinical documentation submitted for review does not provide evidence of a quantifiable pain scale with and without medication use. Additionally, there is no evidence of increased function with use of the medication. Furthermore, the request as submitted does not provide a frequency for the medication. Moreover, it is unclear when the patient started this medication, as it is only recommended for a short period. Given the above information, the request is not supported by guidelines. As such, the request is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The CA MTUS Guidelines identifies that risk for gastrointestinal events includes patients age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. The Guidelines also state the requested medication is recommended for patients at risk for gastrointestinal events. The clinical documentation submitted for review does not provide evidence that the injured worker reported gastrointestinal events such as history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids and/or an anticoagulants and or high dose/multiple NSAIDs. Additionally, the request as submitted does not provide a frequency for the medication. Given the above information, the request is not supported by the guidelines. As such, the request is not medically necessary.

Lidopro patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: The California MTUS recommend it for localized peripheral pain after there has been evidence of a trial of first line therapies, such as tricyclic or serotonin noradrenaline reuptake inhibitor antidepressants or antiepilepsy drugs such as gabapentin or Lyrica. The clinical documentation submitted for review does indicate that the injured worker could not tolerate anticonvulsants due to headaches and blurriness. However, there was no evidence that the patient has tried and failed antidepressants. Additionally, there was no evidence of a quantifiable pain scale with and without the use of the patch. Furthermore, there is no evidence of increased function with use of the patch. Moreover, there was no rationale provided as to why the injured worker requires a topical medication versus oral medication. Lastly, the request as submitted does not provide a frequency for the medication. Given the above information, the request is not support by the guidelines. As such, the request is not medically necessary.

Eszopiclone 1mg #30: 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, Eszopicolone (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness & Stress, Insomnia treatment.

Decision rationale: The California MTUS/ACOEM Guidelines do not specifically address Lunesta. The Official Disability Guidelines recommend insomnia treatment based on etiology. Lunesta has demonstrated reduced sleep latency and sleep maintenance. Empirically supported treatment includes stimulus control, progressive muscle relaxation, and paradoxical intention. The specific component of insomnia including sleep onset, sleep maintenance, sleep quality, next functioning was not elaborated. It is unclear when the patient started the medication, as the guidelines only recommend for short-term use. Furthermore, there was no documentation of failure of first line treatment prior to the initiation of the prescription product. Moreover, the request as submitted does not provide a frequency of the medication. Given the above information, the request is not supported by the guidelines. As such, the request is not medically necessary.

TENS Unit x 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: According to the California MTUS Guidelines, is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The criteria for the use of TENs unit include: documentation of pain for least three months duration, evidence that other appropriate pain modalities have been tried including

medications and failed, documentation of other ongoing pain treatment during the trial period including medication usage, and documentation of a treatment plan including the specific short and long-term goals of treatment with the TENS unit should be submitted prior to use. The treating physician indicated the injured worker has used a TENS unit in the past. However, there was no documentation indicating it was used for at least 1 month, how often it was used, evidence of objective functional improvement, pain reduction and decreased medication use with the use of the unit. Additionally, there is a lack of documentation showing whether the injured worker would use the unit in adjunct to a Functional Restoration Program. Furthermore, there is no documentation of short or long-term goals with use of the TENS unit. Moreover, the request as submitted does not indicate whether it is for rental or purchase and also the request indicates x2 and clarification is needed. Given the above information, the request is not supported by the guidelines. As such, the request is not medically necessary.