

Case Number:	CM15-0054614		
Date Assigned:	03/30/2015	Date of Injury:	10/02/2006
Decision Date:	07/02/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/23/2015

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 55 year old female, who sustained an industrial injury on 10/02/2006. According to a progress report dated 01/21/2015, the injured worker presented for a 5 month follow up for low back pain status post multiple decompression and discectomies. Assessment included degenerative disc disease, degenerative spondylolisthesis, low back pain and lumbar radiculopathy. Recommendations included L3/S1 lateral and anterior interbody fusion with posterior spinal fusion and instrumentation. According to a progress report dated 02/09/2015, the injured worker continued to have chronic pain in the lower back with pain extending into the back of the right leg with pain and swelling involving the front of the left leg below the knee. Pain was rated 8 on a scale of 1-10. The medication regimen included Naprosyn, Prilosec, Fexmid, Neurontin, Ultram ER, Lunesta and Norco. The injured worker reported that she was able to do more activities of daily living with the medications, and medications were decreasing her symptoms overall. The treatment plan included continuation of current medication regimen. According to the most recent progress report submitted for review and dated 03/05/2015, the injured worker continued to have chronic pain in the lower back with pain extending down the right leg with associated numbness involving the right leg. Pain level was rated 7 on a scale of 1-10. Review of systems was significant for ongoing headaches, urinary leakage for many years as well as constipation. She indicated she was able to, in general, control her bowel and bladder. She did not appear in acute distress. Physical examination demonstrated some decreased range of motion of the lumbar spine secondary to pain. There was positive lumbar tenderness and paraspinous muscle spasming. Sensation was intact over all dermatomes of the lower extremities

with the exception of the anterior aspect of the right leg below the knee as well the right foot. Reflexes were hyporeactive in the knees and ankles, bilaterally symmetric. Babinski sign was absent. There was no evidence of clonus. Comprehensive metabolic panel dated February 6, 2015 was within normal limits with the exception of slightly elevated carbon dioxide. The provider noted that he would wean the injured worker off of Cyclobenzaprine and Neurontin and would attempt to have her only take the Tramadol and Norco for breakthrough pain as needed. She was permanent and stationary but did require treatment. Currently under review is the request for retro: Cyclobenzaprine, Eszopiclone and Pantoprazole (date of service 02/09/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: (date of service 02/09/15) Cyclobenzaprine (Flexeril) 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Retro: (date of service 02/09/15) Cyclobenzaprine (Flexeril) 7.5mg #60 is not medically necessary and appropriate.

Retro: (date of service 02/09/15) 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Insomnia Treatment, pages 535-536.

Decision rationale: Hypnotics are not included among the multiple medications noted to be optional adjuvant medications, per the Official Disability Guidelines (ODG), Pain. Additionally, Lunesta is a non-benzodiazepine-like, Schedule IV controlled substance. Long-term use is not recommended, as efficacy is unproven with a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic and anxiolytic. Chronic use is the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly.

Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Submitted documents have not demonstrated any functional improvement from treatment rendered for this chronic injury. The Retro: (date of service 02/09/15) Eszopiclone 1mg #30 is not medically necessary and appropriate.

Retro: (date of service 02/09/15) Pantoprazole (Protonix) 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines proton-pump inhibitors. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

Decision rationale: Protonix medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Protonix namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Retro: (date of service 02/09/15) Pantoprazole (Protonix) 20mg #60 is not medically necessary and appropriate.