MAXIMUS Federal Services

Case Number:	CM15-0065711		
Date Assigned:	04/13/2015	Date of Injury:	09/15/2011
Decision Date:	07/09/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/07/2015

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 48 year old female who sustained a work related injury September 15, 2011. According to a primary treating physician's progress report, dated January 30, 2015, the injured worker presented with complaints of constant cervical pain, rated 6/10, that is aggravated by repetitive motions of the neck, pushing, pulling, lifting and reaching overhead or above shoulder level. There is radiation into the upper extremities and is associated with headaches, migraine in nature, and well as tension between the shoulder blades. There is intermittent bilateral wrist and hand pain described as throbbing and rated 6/10. There is frequent low back and left hip pain with radiation into the lower extremities rated 8/10, and left knee pain with some swelling and buckling, rated 7/10. Diagnoses are cervicalgia; joint derangement, shoulder; internal derangement, knee and lumbago. Treatment plan included refills of medication and request for authorization of an MRI of the cervical spine and lumbar spine. A request for authorization DOS 1/30/2015, dated March 4, 2014, includes requests for Fenoprofen Calcium (Nalfon), Omeprazole, Cyclobenzaprine Hydrochloride, Tramadol, and Eszopiclone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen calcium (Nalfon) 400mg QTY: 120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Anti-inflammatory medications Page(s): 22, 60.

Decision rationale: The patient presents with pain in the neck radiating to upper extremities rated 6/10, bilateral wrist/hand rated 6/10, low back and left hip radiating to lower extremities rated 8/10, left knee rated 7/10, and right shoulder rated 6/10. The request is for FENOPROFEN CALCIUM (NALFON) 400MG STY: 120. The request for authorization is not provided. Physical examination reveals Spurling's maneuver is positive. Phalen's maneuver and Tinel's sign are positive. Seated nerve root test & Fabere are positive. Patellar grind test and McMurray are positive. Hawkins and impingement signs are positive. I am refilling the patient's medication today. They are benefiting from taking these medications. They are helping in curing and relieving the patient's symptomatology. They are improving the patient's activities of daily living and making it possible for him to continue working and/or maintain the activities of daily living. Per progress report dated 01/30/15, the patient is returned to full duty. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater does not specifically discuss this medication. The prescription history has not been provided to determine how long the patient has been prescribed Fenoprofen. In this case, the treater has documented pain reduction or functional improvement resulting from using Fenoprofen. MTUS allows the use of anti-inflammatories as a traditional first line of treatment to reduce pain so activity and functional restoration can resume. Therefore, the request IS medically necessary.

Omeprazole 20mg QTY: 120: Upheld

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

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

Decision rationale: The patient presents with pain in the neck radiating to upper extremities rated 6/10, bilateral wrist/hand rated 6/10, low back and left hip radiating to lower extremities rated 8/10, left knee rated 7/10, and right shoulder rated 6/10. The request is for OMEPRAZOLE 20MG QTY: 120. The request for authorization is not provided. Physical examination reveals Spurling's maneuver is positive. Phalen's maneuver and Tinel's sign are positive. Seated nerve root test & Fabere are positive. Patellar grind test and McMurray are positive. Hawkins and impingement signs are positive. I am refilling the patient's medication

today. They are benefiting from taking these medications. They are helping in curing and relieving the patient's symptomatology. They are improving the patient's activities of daily living and making it possible for him to continue working and/or maintain the activities of daily living. Per progress report dated 01/30/15, the patient is returned to full duty. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Treater does not specifically discuss this medication. The prescription history has not been provided to determine how long the patient has been prescribed Omeprazole. In this case, treater has not documented GI assessment to warrant a prophylactic use of a PPI. Additionally, treater has not indicated how the patient is doing, what gastric complaints there are, and why she needs to continue. Therefore, the request IS NOT medically necessary.

Cyclobenzaprine hydrochloride tablets 7.5mg QTY: 120.00: 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 (for pain) Page(s): 63-66.

Decision rationale: The patient presents with pain in the neck radiating to upper extremities rated 6/10, bilateral wrist/hand rated 6/10, low back and left hip radiating to lower extremities rated 8/10, left knee rated 7/10, and right shoulder rated 6/10. The request is for CYCLOBENZAPRINE HYDROCLORIDE TABLETS 7.5MG QTY: 120.00. The request for authorization is not provided. Physical examination reveals Spurling's maneuver is positive. Phalen's maneuver and Tinel's sign are positive. Seated nerve root test & Fabere are positive. Patellar grind test and McMurray are positive. Hawkins and impingement signs are positive. I am refilling the patient's medication today. They are benefiting from taking these medications. They are helping in curing and relieving the patient's symptomatology. They are improving the patient's activities of daily living and making it possible for him to continue working and/or maintain the activities of daily living. Per progress report dated 01/30/15, the patient is returned to full duty. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy."Treater does not specifically discuss this medication. The prescription history has not been provided to determine how long the patient has been prescribed Cyclobenzaprine. MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. The request for additional Cyclobenzaprine Qty: 120 would exceed MTUS recommendation and does not indicate intended short-term use. Therefore, the request IS NOT medically necessary.

Eszopiclone tablets 1mg QTY: 30.00: Upheld

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 Mental & Stress Chapter states: Eszopicolone (Lunesta).

Decision rationale: The patient presents with pain in the neck radiating to upper extremities rated 6/10, bilateral wrist/hand rated 6/10, low back and left hip radiating to lower extremities rated 8/10, left knee rated 7/10, and right shoulder rated 6/10. The request is for ESZOPICLONE TABLETS 1MG QTY: 30.00. The request for authorization is not provided. Physical examination reveals Spurling's maneuver is positive. Phalen's maneuver and Tinel's sign are positive. Seated nerve root test & Fabere are positive. Patellar grind test and McMurray are positive. Hawkins and impingement signs are positive. I am refilling the patient's medication today. They are benefiting from taking these medications. They are helping in curing and relieving the patient's symptomatology. They are improving the patient's activities of daily living and making it possible for him to continue working and/or maintain the activities of daily living. Per progress report dated 01/30/15, the patient is returned to full duty. ODG-TWC, Mental & Stress Chapter states: "Eszopicolone (Lunesta): Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. The FDA has lowered the recommended starting dose of eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women." Treater does not specifically discuss this medication. The prescription history has not been provided to determine how long the patient has been prescribed Eszopiclone. In this case, the treater does not document or discuss its efficacy and how it has been or is to be used. Furthermore, the request for additional Lunesta Qty: 30 would exceed MTUS recommendation and does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

Tramadol ER 150mg QTY: 90.00: 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: The patient presents with pain in the neck radiating to upper extremities rated 6/10, bilateral wrist/hand rated 6/10, low back and left hip radiating to lower extremities rated 8/10, left knee rated 7/10, and right shoulder rated 6/10. The request is for TRAMADOL ER 150MG QTY: 90.00. The request for authorization is not provided. Physical examination reveals Spurling's maneuver is positive. Phalen's maneuver and Tinel's sign are positive. Seated

nerve root test & Fabere are positive. Patellar grind test and McMurray are positive. Hawkins and impingement signs are positive. I am refilling the patient's medication today. They are benefiting from taking these medications. They are helping in curing and relieving the patient's symptomatology. They are improving the patient's activities of daily living and making it possible for him to continue working and/or maintain the activities of daily living. Per progress report dated 01/30/15, the patient is returned to full duty. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "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. Treater does not specifically discuss this medication. The prescription history has not been provided to determine how long the patient has been prescribed Tramadol. MTUS requires appropriate discussion of the 4As, however, in addressing the 4A's, treater does not discuss how Tramadol significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is also not discussed, specifically showing significant pain reduction with use of Tramadol. No validated instrument is used to show functional improvement. There is no documentation regarding side effects or aberrant drug behavior. No UDS, CURES or opioid pain contract. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.