

Case Number:	CM15-0090000		
Date Assigned:	05/14/2015	Date of Injury:	09/05/2007
Decision Date:	06/30/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/11/2015

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 52-year-old female, who sustained an industrial injury on 09/05/2007. According to a progress report dated 05/04/2015, the injured worker reported constant aching, stabbing, and pins and needles in her neck with a burning radiation in her bilateral upper extremities. She reported numbness in her bilateral hands, greater in her right hand and into her 1st and 3rd digits with pain in her 5th digit. Pain was rated 4 on a scale of 1-10. She also reported burning and stabbing pain in her low back with extension into her bilateral lower extremities, greater on the left. Pain was rated 7. She continued to report numbness, pins and needles pain that radiated down her left leg and into her toes with occasional on the right. At the time of evaluation, her back was her worst complaint. Previous treatments included epidural injections, 18 sessions of physical therapy, 11 sessions of acupuncture, MRI and medications. Diagnoses included lumbar radiculopathy, lumbar herniated disc, lumbar spinal stenosis, and lumbar spondylosis without myelopathy, lumbar degenerative disc disease and lumbago. Requests for authorization included APAP/with Codeine, Cyclobenzaprine, Duloxetine, Eszopiclone, and CM3-Ketoprofen 20%. Currently under review is the request for APAP/ Codeine, Cyclobenzaprine, Eszopiclone and CM3-Ketoprofen 20%.

IMR ISSUES, DECISIONS AND RATIONALES

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

APAP/ w Codeine 300/30mg #180 no refills: Upheld

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

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 neck pain radiating to bilateral upper extremities and low back pain radiating into the bilateral lower extremities. The request is for APAP/ W CODEINE 300 30 MG #180 NO REFILLS. Physical examination to the lumbar spine on 05/04/15 revealed tenderness to palpation along bilateral mid to lower paraspinals and along sacroiliac joints. Patient ambulates with a front-wheel walker. Patient's treatments have included ESI injections, physical therapy, acupuncture and medications. Per 04/01/15 progress report, patient's diagnosis includes lumbar radiculopathy, lumbar herniated disc, lumbar spinal stenosis, and lumbar spondylosis without myelopathy, lumbar degenerative disc disease, and lumbago. Patient's medications, per 03/06/15 progress report include Cymbalta, Nucynta, Lunesta, Ketoprofen Cream, and Flexeril. Patient is permanent and stationary. 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 discuss this request. UR letter, dated 05/07/15 has modified the requested # 180 to # 120 tablets. In this case, treater has not appropriately addressed the 4A's as required by MTUS. Patient has received prescriptions for APAP/w Codeine from 03/06/15 and 05/04/15. However, treater has not stated how this medication significantly improves patient's activities of daily living. There are no discussions regarding adverse side effects, aberrant behavior, specific ADL's, etc. No CURES or opioid pain contract were provided either. Given the lack of documentation as required by MTUS, the request IS NOT medically necessary.

Cyclobenzaprine 7.5mg #60 BID no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

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

Decision rationale: The patient presents with neck pain radiating to bilateral upper extremities and low back pain radiating into the bilateral lower extremities. The request is for CYCLOBENZAPRINE 7.5 MG #60 BID NO REFILLS. Physical examination to the lumbar spine on 05/04/15 revealed tenderness to palpation along bilateral mid to lower paraspinals and along sacroiliac joints. Patient ambulates with a front-wheel walker. Patient's treatments have included ESI injections, physical therapy, acupuncture and medications. Per 04/01/15 progress report, patient's diagnosis includes lumbar radiculopathy, lumbar herniated disc, lumbar spinal

stenosis, and lumbar spondylosis without myelopathy, lumbar degenerative disc disease, and lumbago. Patient's medications, per 03/06/15 progress report include Cymbalta, Nucynta, Lunesta, Ketoprofen Cream, and Flexeril. Patient is permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 states: "Muscle relaxants: Recommend 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 their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." The treater does not discuss this request. In review of the medical records provided, there were no records of prior use of this medication. The patient suffers with chronic, radicular neck and low back pain. Given the patient's condition, a trial of this medication would be indicated. However, MTUS Guidelines do not recommend use of Cyclobenzaprine for longer than 2 to 3 weeks, and the requested 60 tablets does not imply short duration therapy. Therefore, the request IS NOT medically necessary.

Eszopiclone (lunesta) 2mg #30 no refill: 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)www.drugs.com.

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, Eszopicolone (Lunesta).

Decision rationale: The patient presents with neck pain radiating to bilateral upper extremities and low back pain radiating into the bilateral lower extremities. The request is for ESZOPICLONE (LUNESTA) 2 MG #30 NO REFILL. Physical examination to the lumbar spine on 05/04/15 revealed tenderness to palpation along bilateral mid to lower paraspinals and along sacroiliac joints. Patient ambulates with a front-wheel walker. Patient's treatments have included ESI injections, physical therapy, acupuncture and medications. Per 04/01/15 progress report, patient's diagnosis includes lumbar radiculopathy, lumbar herniated disc, lumbar spinal stenosis, and lumbar spondylosis without myelopathy, lumbar degenerative disc disease, and lumbago. Patient's medications, per 03/06/15 progress report include Cymbalta, Nucynta, Lunesta, Ketoprofen Cream, and Flexeril. Patient is permanent and stationary. ODG-TWC, Mental & Stress Chapter states: "Eszopiclone (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 discuss this medication. The patient has been prescribed Eszopiclone (Lunesta) from 01/02/15 and 05/04/15. However, the treater does not document or discuss its efficacy. Furthermore, the ODG guidelines do not support long-term use of this medication and the request for an additional 30 tabs of exceeds guideline recommendation and does not indicate intended short-term use. Therefore, the request IS NOT medically necessary.

CM3-Ketoprofen 20% BID-TID to (B) wrists, back, neck 1 tube no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient presents with neck pain radiating to bilateral upper extremities and low back pain radiating into the bilateral lower extremities. The request is for CM3 - KETOPROFEN 20% BID-TID TO (B) WRISTS, BACK, NECK, 1 TUBE NO REFILL. Physical examination to the lumbar spine on 05/04/15 revealed tenderness to palpation along bilateral mid to lower paraspinals and along sacroiliac joints. Patient ambulates with a front-wheel walker. Patient's treatments have included ESI injections, physical therapy, acupuncture and medications. Per 04/01/15 progress report, patient's diagnosis includes lumbar radiculopathy, lumbar herniated disc, lumbar spinal stenosis, and lumbar spondylosis without myelopathy, lumbar degenerative disc disease, and lumbago. Patient's medications, per 03/06/15 progress report include Cymbalta, Nucynta, Lunesta, Ketoprofen Cream, and Flexeril. Patient is permanent and stationary. The MTUS guidelines, page 111, do not support the use of topical NSAIDs such as Ketoprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. Patient had been prescribed Ketoprofen from 11/12/14 and 05/04/15. In this case, the treater has not discussed how this medication decreases pain and significantly improves patient's activities of daily living. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Furthermore, there is no diagnosis of peripheral joint arthritis and tendinitis for which the cream is recommended. Therefore, the request IS NOT medically necessary.