

Case Number:	CM14-0175216		
Date Assigned:	10/28/2014	Date of Injury:	12/27/2006
Decision Date:	12/04/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/23/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 66-year-old female with a 12/27/06 date of injury. The mechanism of injury occurred when she injured both wrists restraining a violent patient. According to a progress report dated 9/15/14, the patient complained of neck pain that was worse with neck extension, which caused headaches. Butrans has helped decrease pain, Neurontin helps decrease dysesthesia of the bilateral shoulders, she is able to sleep better with the use of Lunesta, and Pepcid was helpful for gastritis due to medication use. The patient was advised to follow up in 6 weeks. Objective findings: decreased light touch and pin sensibility over the right hand, motor strength was graded at 5/5 throughout both upper extremities, moderate pain noted over bilateral C5-C6 and C6-C7 levels with paraspinal spasms. Diagnostic impression: cervical disc injury, cervical facet arthralgia. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 9/29/14 modified the requests for Butrans patches #8 x6 to 2 patches, Flexeril #90 x6 to 30 tablets, Lunesta #30 x6 to #30 x3, and denied the request for Pepcid. A specific rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Butrans 10 mcg patches x2 per week #8 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines updated 09/29/2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; Buprenorphine and Other Medical Treatment Guideline or Medical Evidence: FDA (Butrans)

Decision rationale: The FDA states that Butrans is indicated for the management of moderate to severe chronic pain in patients requiring a continuous, around-the-clock opioid analgesic for an extended period; with a black box warning identifying that buprenorphine patches are linked to a risk for misuse, abuse, and diversion, particularly in patients with a history of substance abuse or mental illness. However, in the reports provided for review, there is no documentation of significant pain relief or functional improvement with the use of Buprenorphine. In addition, there is no documentation that the patient has had a trial and failed a first-line opioid medication. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for 1 Prescription for Butrans 10 mcg patches x2 per week #8 x 6 was not medically necessary.

1 Prescription for Flexeril 10mg # 90 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxers for Pain Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41-42.

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. According to the records reviewed, this patient has been on Flexeril since at least 7/1/14, if not earlier. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient has had an acute exacerbation to her pain. Therefore, the request for 1 Prescription for Flexeril 10mg # 90 x 6 was not medically necessary.

1 Prescription for Lunesta 1mg #30 x 6: 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) updated 09/29/2014 Insomnia Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; Lunesta

Decision rationale: CA MTUS does not address this issue. ODG states Eszopicolone (Lunesta) is a non-benzodiazepine sedative-hypnotic (benzodiazepine-receptor agonist) and is a first-line medication for insomnia; it is a schedule IV controlled substance that has potential for abuse and dependency; side effects: dry mouth, unpleasant taste, drowsiness, dizziness; sleep-related activities such as driving, eating, cooking and phone calling have occurred; and withdrawal may occur with abrupt discontinuation. In the present case, it is noted that the patient has been able to sleep better with the use of Lunesta. However, this is a request for a 7-month supply. Guidelines require routine monitoring of medication use to assess for functional improvement and adverse effects. It is noted that the patient is to follow up with the provider in 6 weeks. A specific rationale as to why this patient requires a 7-month of medication at this time was not provided. Therefore, the request for 1 Prescription for Lunesta 1mg #30 x 6 was not medically necessary.

1 Prescription for Pepcid 40mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI Symptoms and Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Pepcid)

Decision rationale: CA MTUS and ODG do not address this issue. The FDA states that Pepcid is indicated for the short-term treatment of active duodenal ulcer (endoscopically or radiographically confirmed); maintenance of healing and reduction in recurrence of duodenal ulcer; pathologic GI Hypersecretory Conditions; treatment of Zollinger-Ellison syndrome, multiple endocrine adenomas; short-term treatment of active benign gastric ulcer; gastroesophageal Reflux (GERD); short-term treatment of symptomatic GERD; short-term treatment of esophagitis, including erosions or ulcers (endoscopically diagnosed) in patients with GERD; self-medication as initial therapy for less severe symptomatic GERD; short-term self-medication for relief of heartburn symptoms; and short-term self-medication for prevention of heartburn symptoms associated with acid indigestion and sour stomach brought on by ingestion of certain foods and beverages. However, in the present case, the patient is not noted to be utilizing chronic NSAID therapy or oral opioid medications that require GI prophylaxis. In addition, there is no documentation that this patient has a gastrointestinal condition or GERD. Therefore, the request for 1 Prescription for Pepcid 40mg #60 was not medically necessary.