

Case Number:	CM14-0081837		
Date Assigned:	07/18/2014	Date of Injury:	04/27/2010
Decision Date:	09/22/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/03/2014

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:

The injured worker is a 47-year-old male who reported an injury on 04/27/2010 who reportedly sustained injuries to his neck and low back. The injured worker's treatment history included MRI studies, physical therapy, surgery, medications, x-rays, injections, and gastric bypass surgery. In the documentation, it was noted the injured worker had GI symptoms. He had some worsening of chronic gastroesophageal reflux disease that had been present for 15 or 20 years. In the documentation, it was noted that there was no history of anemia that he was aware of. There was no history of gastric carcinoma, gastritis, peptic ulcer disease, duodenal ulcers, malabsorption, tropical sprue, nontropical sprue, ulcerative colitis, or Crohn's disease. The injured worker was evaluated on 06/03/2014, and it was documented that the injured worker complained of right upper extremity pain. Pain level had remained unchanged since the last visit. Quality of sleep was poor. His trazodone was held prior due to falls, but now his sleep is poor. He denies falls. Physical examination of the cervical spine revealed range of motion was restricted with flexion limited to 40 degrees and extension limited to 30 degrees. Spurling's maneuver produces no pain in the neck musculature or radicular symptoms in the arm. The right/left shoulder examination revealed no limitation was noted for flexion, extension, adduction, abduction, active elevation, passive elevation, internal rotation or external rotation. Hawkins test was positive. Neer's test was positive. Shoulder crossover test was positive. O'Brien's test was positive for the left shoulder. Empty cans test was positive on the left shoulder. Gastrointestinal examination was negative for change in appetite, and negative for change in bowel habits. Diagnosis included postlumbar laminectomy syndrome, chronic back pain, disc disorder lumbar, and lumbar facet syndrome, mood disorder, shoulder pain, anxiety disorder, psoriatic arthritis, and orthostatic hypotension, history of gastric bypass, iron deficiency anemia, and tinnitus. Medications included sucralfate 1 gm, Duragesic 50 mcg/hr patch,

Tegaderm dressing, trazodone 50 mg, and lorazepam 2 mg, and Xanax XR 1 mg. On 05/27/2014, the provider noted the injured worker Flexeril was needed for muscle spasms, and his sucralfate was required to prevent mucosal bleeding due to significant history of GI bleeding and hospitalizations. The Request for Authorization dated 06/02/2014 was for sucralfate 1 gm tablet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg refill (quantity unknown): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (web) 2012 - Pain - Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain (Chronic), Insomnia Treatment.

Decision rationale: : The request for Lunesta 3 mg refill (quantity unknown) is not medically necessary. The Official Disability Guidelines (ODG) states that Lunesta is a prescription short-acting non benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Eszopicolone (Lonest) has demonstrated reduced sleep latency and sleep maintenance. .The only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. A randomized, double blind, controlled clinical trial with 830 primary insomnia patients reported significant improvement in the treatment group when compared to the control group for sleep latency, wake after sleep onset, and total sleep time over a 6-month period. Side effects: dry mouth, unpleasant taste, drowsiness, dizziness. Sleep-related activities such as driving, eating, cooking and phone calling have occurred. The documentation that was submitted for review lacked evidence on the duration the injured worker has been on Lunesta. In addition, the request did not include the frequency or duration for the medication for the injured worker. The guidelines do not recommend Lunesta for long-term use. Therefore, the continued use of Ambien is not supported. As such, the request is not medically necessary.

Flexeril #15 refill: Upheld

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

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

Decision rationale: The requested service is not medically necessary. According California (MTUS) Chronic Pain Medical Guidelines recommends Flexeril as an option, using a short course therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. 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. Cyclobenzaprine-treated patients with fibromyalgia were 3 times as likely to report overall improvement and to report moderate reductions in individual symptoms, particularly sleep. Cyclobenzaprine is closely related to the tricyclic antidepressants and amitriptyline. The documentation submitted stated the injured worker had completed physical therapy sessions however, there was lack of documentation provided on his long term-goals of functional improvement of his home exercise regimen. In addition, the request lacked frequency, quantity, dosage and duration of the medication. As such, the request for Flexeril # 15 refill is not medically necessary.

Sucralfate 1 gm tablet gram #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR reference 2014 www.drugs.com.

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: Drugs.com.

Decision rationale: The request is not medically necessary. According to Drugs.com, sucralfate is an antiulcer medication. Sucralfate is not readily absorbed into the body through the digestive tract. It works mainly in the lining of the stomach by adhering to ulcer sites and protecting them from acids, enzymes, and bile salts. Sucralfate is used to treat inactive duodenal ulcer. Drugs.com states that sucralfate is used for short term (up to 8 weeks) treatment of certain intestinal ulcers. It is also used in patients that have had certain intestinal ulcers to prevent further development of more ulcers. It may also be used for other issues as determined by your doctor. The documentation submitted for review did indicate the injured worker having a history of GI bleeding and hospitalizations. However, the documentation submitted failed to indicate how long the injured worker has been on sucralfate. Additionally, the request failed to indicate frequency, duration, and quantity of medication. Given the above, the request for sucralfate 1 gm tablet gram #120 is not medically necessary.