

Case Number:	CM14-0210070		
Date Assigned:	12/23/2014	Date of Injury:	04/15/2008
Decision Date:	02/19/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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 & Rehabn

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 patient is a 56-year-old male with date of injury of 04/15/2008. The listed diagnoses from 10/28/2014 are: 1. Lumbar discopathy. 2. Bilateral epicondylitis. According to this report, the patient complains of cervical spine, bilateral elbow, right wrist, and low back pain. He rates his pain 6/10 to 7/10. He reports radiation of pain into his upper extremities with associated headaches that are migrainous in nature. The patient also reports radiation of pain from his low back to his lower extremities with numbness and weakness in the left leg. Examination shows palpable paravertebral muscle tenderness with spasm in the cervical spine. Spurling's maneuver is positive. Range of motion in the cervical spine is limited with pain. There is tingling and numbness in the posterior leg and lateral foot which is in the S1 dermatomal pattern. Tenderness noted over the elbow about the lateral epicondyle. Tinel's sign is positive over the cubital tunnel. There is tenderness over the volar aspect of the wrist. Positive palmar compression test with subsequent Phalen's maneuver. Tinel's sign is positive over the carpal canal. There is diminished sensation in the radial digits. Treatment reports from 01/07/2014 to 11/25/2014 were provided for review. The utilization review denied the request on 11/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Fenoprofen 400mg () between 10/28/2014 and 2/15/2015.: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Page(s): 22.

Decision rationale: This patient presents with cervical spine, bilateral elbow, right wrist, and low back pain. The provider is requesting #120 Fenopufen 400 mg () between 10/28/2014 and 02/15/2015. The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. The records do not show a history of Fenopufen use. In this case, NSAIDs are supported by the MTUS Guidelines as first-line treatment to reduce pain and inflammation. The request is medically necessary.

30 Eszopicolone 1mg () between 10/28/2014 and 2/15/2015: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental/Stress chapter on eszopiclone (Lunesta).

Decision rationale: This patient presents with cervical spine, bilateral elbow, right wrist, and low back pain. The provider is requesting #30 Eszopicolone 1 mg () between 10/28/2014 and 02/15/2015. The MTUS and ACOEM Guidelines are silent with regards to this request. However, the ODG Guidelines under the Mental/Stress chapter on Eszopicolone (Lunesta) states, "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 3 weeks maximum in the first 2 months of injury only, and discourage use in the chronic phase." The records do not show a history of Eszopicolone use. While a trial is appropriate given the patient's symptoms, the request #30 exceeds ODG's recommended 3-week treatment and the patient was injured in 2008, which is outside of the time frame recommended by ODG. The request is not medically necessary.