

Case Number:	CM14-0213500		
Date Assigned:	12/31/2014	Date of Injury:	12/13/2010
Decision Date:	02/28/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/19/2014

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 & 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 patient is a 55-year-old female with an injury date of 12/13/10. Based on the 11/18/14 progress report provided by treating physician, the patient complains of cervical spine, shoulder, and low back pain. Physical examination to the paravertebral muscle, anterior glenohumeral region and subacromial space on 11/21/14 revealed tenderness to palpation with spasm. Lumbar spine examination proved painful in the mid to distal lumbar segments. Cervical range of motion was reported as limited with pain. Lumbar flexion and extension were guarded and restricted. Per progress report dated 11/18/14, treating physician is requesting for Fenoprofen Calcium for inflammation and pain and Eszopiclone for temporary insomnia related to the patients pain. Patient is currently working full duty. Diagnosis 10/29/14, Unspecified derangement of joint, shoulder region, Cervicalgia and Lumbago. Treatment reports were provided from 10/30/13 11/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen Calcium (Nalfon) 400mg #120: Upheld

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

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

Decision rationale: The patient complains of cervical spine, shoulder, and low back pain. The request is FENOPROFEN CALCIUM (NALFON) 400MG #120. Patient's diagnosis on 10/29/14 included unspecified derangement of joint, shoulder region, cervicalgia, and lumbago. Patient is currently working full duty. Regarding NSAIDs, MTUS page 22, state 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. Per progress report dated 11/18/14, treater is requesting for Fenoprofen Calcium for inflammation and pain. The prescription for Fenoprofen is first noted in progress report dated 11/18/14; however, it is not clear when the treatment first started and whether there was any reduction of pain or functional improvements from the use of the medication. There is currently insufficient documentation to make a decision based on the guidelines. Therefore, the request IS NOT medically necessary.

Eszopiclone 1mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental & Stress Chapter, Eszopicolone (Lunesta)

Decision rationale: The patient complains of cervical spine, shoulder, and low back pain. The request is for ESZOPICLONE 1MG #30. Patient's diagnosis on 10/29/14 included unspecified derangement of joint, shoulder region, cervicalgia, and lumbago. Patient is currently working 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." Per progress report dated 11/18/14, treater is requesting for Eszopiclone for temporary insomnia related to the patient's pain. A prescription for Eszopiclone is first noted in progress report dated 11/18/14. The guidelines allow a short-term use of this medication to address insomnia. The treater has asked to address the patient's temporary insomnia and given that the patient has not tried this medication, a short-term trial appears consistent with the guidelines. The request IS medically necessary.

