

Case Number:	CM14-0214201		
Date Assigned:	01/07/2015	Date of Injury:	05/30/2010
Decision Date:	02/28/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/22/2014

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 male with an injury date of 05/30/10. Based on the 11/11/14 progress report provided by treating physician, the patient complains of bilateral knee and low back pain rated 7/10. Physical examination to the knee (right or left not indicated) on 11/11/14 revealed tenderness in the joint line and crepitus with painful range of motion. Positive McMurray's test. Examination to the lumbar spine revealed palpable tenderness and myospasm over the paravertebral muscles. Guarding on flexion and extension. Treater states in progress report dated 11/11/14 that patient is benefiting from medications and that "they are helping in curing and relieving the patient's symptomatology. They are improving the patient's activities of daily living and making it possible for him to continue working and/or maintain the activities of daily living." Patient's medications include Omeprazole, Cyclobenzaprine, Tramadol and Eszopiclone. Omeprazole, Cyclobenzaprine and Tramadol were prescribed in treater reports dated 07/08/14 and 12/15/14. Eszopiclone was prescribed in progress reports dated 11/11/14 and 12/15/14. Treater is prescribing Omeprazole for GI symptoms, as the patient has been prescribed Naproxen. The patient has a history of some epigastric pain and stomach upset using NSAID's in the past for chronic pain. Cyclobenzaprine is prescribed for muscle spasms. Tramadol is prescribed for acute severe pain. The use of opioids in the past has decreased acute flareups with the patient demonstrating improvement in function. Eszopiclone (Lunesta) is a sleep medicine that is being prescribed to treat temporary insomnia related to the patient's pain condition. The patient is temporarily totally disabled, per treater report dated 12/02/14. Diagnosis 11/11/14- lumbago status post posterior lumbar interbody fusion (PLIF), with retained symptomatic

hardware- internal derangement of knee, NOSThe utilization review determination being challenged is dated 12/15/14. Treatment reports were provided from 07/08/14 - 12/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #120.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines States NSAIDs, GI symptoms and cardiovascular risk. Page(s): 69.

Decision rationale: The patient presents with bilateral knee and low back pain rated 7/10. The request is for OMEPRAZOLE 20MG #120. The patient is status post posterior lumbar interbody fusion (PLIF), with retained symptomatic hardware, date unspecified. Patient's diagnosis on 11/11/14 included internal derangement of knee. Treater states in progress report dated 11/11/14 that patient is benefiting from medications and that "they are helping in curing and relieving the patient's symptomatology. They are improving the patient's activities of daily living and making it possible for him to continue working and/or maintain the activities of daily living." Patient's medications include Omeprazole, Cyclobenzaprine, Tramadol and Eszopiclone. The patient is temporarily totally disabled, per treater report dated 12/02/14. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS pg. 69 states "NSAIDs, GI symptoms and cardiovascular risk, : Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Omeprazole was prescribed in treater reports dated 07/08/14 and 12/15/14. Per progress report dated 11/11/14, treater is prescribing Omeprazole for GI symptoms, as the patient has been prescribed Naproxen. The patient has a history of some epigastric pain and stomach upset using NSAID's in the past for chronic pain. Prophylactic use of PPI is indicated by MTUS. However, there is no discussion of how the patient is doing with the PPI, and with what efficacy. The patient has been taking a PPI at least for 5 months, and treater does not discuss why this medication should be continued. Therefore, the request for Omeprazole IS NOT medically necessary.

Cyclobenzaprine 7.5mg #120.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Skelaxin Page(s): 61,63-66.

Decision rationale: The patient presents with bilateral knee and low back pain rated 7/10. The request is for CYCLOBENZAPRINE 7.5MG #120. Patient's diagnosis on 11/11/14 included

internal derangement of knee. Treater states in progress report dated 11/11/14 that patient is benefiting from medications and that "they are helping in curing and relieving the patient's symptomatology. They are improving the patient's activities of daily living and making it possible for him to continue working and/or maintain the activities of daily living." Patient's medications include Omeprazole, Cyclobenzaprine, Tramadol and Eszopiclone. The patient is temporarily totally disabled, per treater report dated 12/02/14. MTUS pg. 63-66 states: "Muscle relaxants (for pain): 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." For skelaxin, MTUS p61 states, "Recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. Metaxalone (marketed by [REDACTED] under the brand name Skelaxin) is a muscle relaxant that is reported to be relatively non-sedating." Cyclobenzaprine is prescribed for muscle spasms, per treater reports dated 07/08/14 and 12/15/14. MTUS recommends Cyclobenzaprine for short-term use. Furthermore, the current request for quantity 120 does not indicate intended short-term use of this medication. Therefore, the request for Cyclobenzaprine IS NOT medically necessary.

Tramadol ER 150mg #90.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS. Medication for chronic pain. Page(s): 88, 89, 76-78, 60-61.

Decision rationale: The patient presents with bilateral knee and low back pain rated 7/10. The request is for TRAMADOL ER 150MG #90. Patient's diagnosis on 11/11/14 included internal derangement of knee. Treater states in progress report dated 11/11/14 that patient is benefiting from medications and that "they are helping in curing and relieving the patient's symptomatology. They are improving the patient's activities of daily living and making it possible for him to continue working and/or maintain the activities of daily living." Patient's medications include Omeprazole, Cyclobenzaprine, Tramadol and Eszopiclone. The patient is temporarily totally disabled, per treater report dated 12/02/14. 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. Tramadol is prescribed for acute severe pain, per treater reports dated 07/08/14 and 12/15/14. Treater states in progress report dated 11/11/14 that "the use of opioids in the past has decreased acute flareups with the patient demonstrating improvement in function." However, treater has not discussed how Tramadol significantly improves patient's activities of daily living with specific examples of ADL's. There are no validated instruments to address analgesia; and no mention of adverse effects, aberrant behavior, etc. There is no return to work or change in work

status discussed, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Eszopiclone 1mg #30.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 states: Eszopiclone (Lunesta).

Decision rationale: The patient presents with bilateral knee and low back pain rated 7/10. The request is for ESZOPICLONE 1MG #30. Patient's diagnosis on 11/11/14 included internal derangement of knee. Treater states in progress report dated 11/11/14 that patient is benefiting from medications and that "they are helping in curing and relieving the patient's symptomatology. They are improving the patient's activities of daily living and making it possible for him to continue working and/or maintain the activities of daily living." Patient's medications include Omeprazole, Cyclobenzaprine, Tramadol and Eszopiclone. The patient is temporarily totally disabled, per treater report dated 12/02/14. 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." Per progress report dated 11/11/14, treater states Eszopiclone (Lunesta) is a sleep medicine that is being prescribed to treat temporary insomnia related to the patient's pain condition. ODG recommends short-term use of up to 3 weeks. Eszopiclone was prescribed in progress reports dated 11/11/14 and 12/15/14, which accounts for 2 months. Furthermore, the request for quantity 30 does not indicate intended short term use, and exceeds guideline recommendation. Therefore, the request IS NOT medically necessary.