

Case Number:	CM14-0215351		
Date Assigned:	01/02/2015	Date of Injury:	09/27/2012
Decision Date:	02/24/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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: Pennsylvania
 Certification(s)/Specialty: Family Practice

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 worker sustained an injury on 9/27/2012 while in a physical fight with a suspect resulting in pain to his neck, back, and right shoulder. His diagnoses include cervicgia and lumbago. He is status post ACDF C4-6. According to the October 29, 2014 orthopedic visit note, he has constant pain in the cervical spine aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching and working at or above the shoulder level. The pain radiates into the upper extremities. He also has associated headaches. He also has constant low back pain aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, standing, walking. Cervical spine exam revealed no neurologic deficits in the upper extremities. Lumbar spine exam revealed palpable paravertebral muscle tenderness with spasm. Seated nerve root test was positive. ROM of the lumbar spine was restricted. On November 18, 2014, request for authorization was made for the following medications: Fenoprofen (Nalfon) 400 mg, #120, for inflammation and pain, cyclobenzaprine, sumatriptan, odansetron, omeprazole, eszopiclone (Lunesta) 1 mg to treat temporary insomnia related to the patient's pain condition, tramadol, cidalflex, ketoprofen 75mg every 8 hours for inflammation and pain, Norco, levofloxacin, methoderm gel, Terocin patch, and gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Nalfon 400mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70-72.

Decision rationale: According to the guidelines, Nalfon (Fenoprofen) is recommended for osteoarthritis and mild to moderate pain. However, this worker is also prescribed Ketoprofen. Both of these medications are NSAIDs and are prescribed for the same purpose. The use of Nalfon (Fenoprofen) in addition to Ketoprofen is not appropriate. Therefore, this request is not medically necessary.

30 Eszopiclone 1mg: 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), Mental Illness & Stress

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

Decision rationale: According to the Official Disability Guidelines, Eszopiclone (Lunesta) is used for insomnia. It is not recommended for long term use but is recommended for short term use for 3 weeks in the first 2 months of injury only. Use in the chronic phase is discouraged. There is no diagnosis of insomnia, no documentation in the visit notes of insomnia, and it has been greater than 2 months since the injury. Therefore, this request is not medically necessary.