

Case Number:	CM14-0216042		
Date Assigned:	01/06/2015	Date of Injury:	06/16/2010
Decision Date:	03/03/2015	UR Denial Date:	12/15/2014
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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 32-year-old man who sustained a work-related injury on June 16, 2000. Subsequently, he developed chronic low back and neck pain. According to a progress report dated November 18, 2014, the patient reported constant pain in the left knee that was associated with some swelling and buckling. The pain was characterized as throbbing. The pain was unchanged and the patient rated its level as a 8/10. The patient also complained of low back pain that was characterized as sharp. There was radiation of pain into the lower extremities. The pain was unchanged and the patient rated its level as a 8/10. Examination of the lumbar spine revealed palpable paravertebral muscle tenderness with spasm. Seated nerve root test was positive. Standing flexion and extension were guarded and restricted. There was tingling and numbness in the lateral thigh, anterolateral and posterior leg as well as foot, L5 and S1 dermatomal patterns. There was 4 strength in the EHL and ankle plantar flexors, L5 and S1 innervated muscles. Ankle reflexes were asymmetric. Examination of the knee revealed tenderness in the joint line. Patellar grind test was positive. anterior drawer test and posterior pivot shift test were negative. McMurray was positive. There was crepitus with painful range of motion. There was normal quadriceps and hamstrings strength. The patient was diagnosed with int. derangement of knee and lumbago.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen calcium (Nalfon) 400mg TID #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NON SELECTIVE NSAIDS Page(s): 72.

Decision rationale: There is no documentation of the rationale behind using FENOPROFEN CALCIUM. NSAID should be used for the shortest duration and the lowest dose. There is no documentation from the patient file that the provider titrated Naproxen to the lowest effective dose and used it for the shortest period possible. Furthermore, there is no documentation that the provider followed the patient for NSAID adverse reactions that are not limited to GI side effect, but also may affect the renal function. There is no documentation that the patient developed arthritis pain that justify continuous use of FENOPROFEN CALCIUM. There is no documentation of pain and functional improvement of previous use of Naproxen.

Omeprazole 20mg Q12H PRN #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation in the patient's chart supporting that he is at intermediate or high risk for developing gastrointestinal events.

Cyclobenzaprine hydrochloride tablets 7.5mg Q8H PRN #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: According to MTUS guidelines, Cyclobenzaprine a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time

and prolonged use may cause dependence. The guidelines do not recommend to be used for more than 2-3 weeks. The patient in this case does not have clear recent evidence of spasm and the prolonged use of Cyclobenzaprine is not justified.

Tramadol ER 150mg QD PRN #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. Although, Tramadol may be needed to help with the patient pain, there is no clear evidence of objective and recent functional and pain improvement from its previous use. There is no clear documentation of the efficacy/safety of previous use of tramadol. There is no recent evidence of objective monitoring of compliance of the patient with his medications.

Eszopiclone 1mg at bedtime as needed #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Antidepressants for chronic pain Page(s): 14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>))

Decision rationale: LUNESTA (eszopiclone) is a nonbenzodiazepine hypnotic agent that is a pyrrolopyrazine derivative of the cyclopyrrolone class. According to MTUS guidelines, tricyclic antidepressants are recommended as a first line option in neuropathic pain, especially if pain is accompanied by insomnia, anxiety or depression. According to ODG guidelines, Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopiclone (Lunesta). Benzodiazepine-receptor agonists work by selectively

binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency. Eszopicolone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. (Morin, 2007) The only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. Lunesta could be used as an option to treat insomnia, however it should not be used for a long-term without periodic evaluation of its need. The provider have to further characterize the patient insomnia (primary versus secondary) and its relation to the primary patient pain syndrome. The provider did not document the use of non pharmacologic treatment for the patient sleep issue.