

Case Number:	CM15-0001807		
Date Assigned:	01/12/2015	Date of Injury:	09/10/1990
Decision Date:	03/16/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/05/2015

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, Hawaii
 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 injured worker is a 51 year old female, who sustained an industrial injury on 9/10/1990. She has reported multiple areas of pain, including neck pain and headaches. The diagnoses have included shoulder impingement, carpal tunnel, cervical radiculopathy, cervical disc disease, and chronic pain. Treatment to date has included multiple medications including Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), physical therapy, shoulder surgery, Nerve Conduction Studies (NCS), massage therapy, acupuncture, steroid injections, epidurals, microdisectomy and fusion with hardware, home exercise programs, and home Transcutaneous Electrical Nerve Stimulation (TENS) unit . Currently, the IW complains of constant pain in the neck rated 7/10 VAS, associated with stiffness and aggravated with repetitive motions. There was radiation to bilateral upper extremities. Physical exam documented tenderness to paravertebral muscle with palpation and spasm, negative Spurling's maneuver, and limited Range of Motion (ROM) with pain. Plan of care included continuing medications as ordered and continuing physical therapy and home exercises. On 12/11/2014 Utilization Review non-certified Fenoprofen 400mg #120 and Eszopiclone (Lunesta) 1mg, noting the prior history of GI bleeding and FDA recommendations. The California Chronic Pain Medical Treatment Guidelines were cited. On 1/5/2015, the injured worker submitted an application for IMR for review of Fenoprofen 400mg #120 and Eszopiclone (Lunesta) 1mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen 400mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: The patient presents with neck pain with radiation to bilateral upper extremities. The current request is for Fenoprofen 400mg #120. The treating physician report dated 11/10/14 (13B) states that the patient's pain is a 7/10 and remains unchanged. A report dated 04/22/14 (95B) notes that the patient reports an allergy to NSAIDs. Another report dated 11/5/14 (23B) states, "Meanwhile as she does have a past history of gastritis that is extremely severe, I am requesting that she be prescribed Voltaren gel as well as Flector patches as I do feel that the topical anti-inflammatories will help her condition at this time as she is unable to take oral anti-inflammatory medications. Reports provided, do not document prior NSAID efficacy, nor do they show that the patient has previously taken Fenoprofen. Regarding NSAIDs, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. It is also supported for other chronic pain conditions. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, the patient has previously been prescribed NSAIDs and suffered severe gastritis and a claimed allergy. Furthermore, there is no rationale by the physician in the documents provided as to why the patient is now being prescribed NSAIDs even though she has reported serious side effects from prior usage. Recommendation is not medically necessary.

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

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

Decision rationale: The patient presents with neck pain with radiation to bilateral upper extremities. The current request is for Eszopiclone 1mg. The ODG guidelines support the usage of Lunesta for the short-term usage only 2-3 weeks. In this case, no quantity of Eszopiclone to be prescribed was specified in the request and an open ended request does not satisfy MTUS guidelines. Furthermore, there is no documentation of Insomnia in any of the reports provided. Recommendation is not medically necessary.