

Case Number:	CM15-0009228		
Date Assigned:	01/27/2015	Date of Injury:	08/16/2001
Decision Date:	03/26/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/15/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 August 16, 2001. The diagnoses have included lumbago status post posterior Lumbar Interbody Fusion and cervicgia status post Anterior Cervical Discectomy and Fusion. Treatment to date was not mentioned in the progress note dated November 17, 2014. Currently, the injured worker complains of cervical spine pain that is constant and aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching and working at or above the shoulder level. The pain is characterized as sharp and radiates in to the upper extremities, headaches that are migrainous in nature as well as tension between the shoulder blades, low back pain that is aggravated by bending, lifting, twisting, pushing pulling, prolonged sitting, prolonged standing and walking multiple blocks and characterized as dull that radiates in the lower extremities, bilateral knees and left elbow pain. On December 22, 2014 Utilization Review non-certified a Fenoprofen calcium 400mg quantity 120, Omeprazole 20mg quantity 120, Cyclobenzaprine HCL 7.5mg quantity 120, Tramadol ER 150mg quantity 90 and Oszopiclone 1mg quantity 30, noting, Medical Treatment Utilization Schedule Guidelines was cited. On December 16, 2014, the injured worker submitted an application for IMR for review of Fenoprofen calcium 400mg quantity 120, Omeprazole 20mg quantity 120, Cyclobenzaprine HCL 7.5mg quantity 120, Tramadol ER 150mg quantity 90 and Oszopiclone 1mg quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen calcium 400mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009), Anti-inflammatory Medications, NSAIDs Page(s): 21, 67-71. Decision based on Non-MTUS Citation Official Disability Guidelines, NSAIDs, Fenoprofen calcium

Decision rationale: Fenoprofen calcium (Nalfon) is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. According to the California MTUS Guidelines, NSAIDs reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. ODG states that NSAIDs are recommended for acute pain, acute low back pain (LBP), short-term pain relief in chronic LBP, and short-term improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. Current evidence based guidelines indicate that Fenoprofen is an NSAID medication which is less effective, and has greater side effects than Naproxen or Ibuprofen. Guidelines indicate that Fenoprofen should not be used unless there is a sound medical basis for not using a safer or more effective alternative NSAID. In this case, there was no rationale provided which explained the request for Fenoprofen. Medical necessity of the requested medication has not been established. The requested item is not medically necessary.

Omeprazole 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPIs Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines, PPIs

Decision rationale: According to the California MTUS (2009), Omeprazole (Prilosec), is proton pump inhibitor (PPI) that is recommended for patients taking NSAIDs, with documented GI distress symptoms, or at risk for gastrointestinal events. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. In this case, there is no documentation indicating that this patient had any GI symptoms or risk factors. In addition, the request for Fenoprofen calcium was found to be not medically necessary, which would mean that the Omeprazole would not appear to be medically necessary for this patient. Medical necessity for Omeprazole has not been established. The requested medication is not medically necessary.

Cyclobenzaprine HCL 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

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

Decision rationale: According to the reviewed literature, Cyclobenzaprine (Flexeril) is not recommended for the long-term treatment of chronic pain. The medication has its greatest effect in the first four days of treatment. There is no documentation of functional improvement from any previous use of this medication. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. In addition, this medication is not recommended to be used for longer than 2-3 weeks. In this case, the available records show that the patient has not shown a documented benefit or any functional improvement from prior Cyclobenzaprine use. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.

Tramadol ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram, Ultram ER, generic available in immediate releas.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009), Opioids Page(s): 93-96. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain

Decision rationale: According to the California MTUS, Tramadol is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. According to the medical documentation, cervical pain remained unchanged (5/10) and LBP improved (5/10). Given the previous request for short-term opioid medication to address flare-ups, and given the current subjective and objective findings for this patient, this medication is not recommended. The patient may require a multidisciplinary evaluation to determine the best approach to treatment of the chronic pain. Medical necessity for the requested medication has not been established. The requested treatment with Tramadol is not medically necessary.

Eszopiclone 1mg #30: 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, Eszopiclone (Lunesta)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Insomnia Treatment

Decision rationale: Eszopicolone (Lunesta) is a prescription short-acting non-benzodiazepine sedative-hypnotic, which is recommended for short-term treatment of insomnia (two to six weeks). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. Lunesta is indicated for the treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. According to the ODG guidelines, non-Benzodiazepine sedative-hypnotics are considered first-line medications for insomnia. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which have potential for abuse and dependency. It appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. Eszopicolone has demonstrated reduced sleep latency and sleep maintenance and is recommended for short-term use. In this case, there is no documentation that the patient had a history of insomnia or sleep disturbances. Medical necessity of the requested item has not been established. The requested medication is not medically necessary.