

Case Number:	CM15-0010653		
Date Assigned:	01/28/2015	Date of Injury:	01/05/2013
Decision Date:	03/30/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/20/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 65-year-old male who reported an injury on 01/05/2013. The mechanism of injury involved continuous trauma. The current diagnoses include cervicgia, lumbago, and joint derangement. The injured worker presented on 11/17/2014 with complaints of constant cervical pain, constant low back pain, and constant shoulder pain. Upon examination, there was paravertebral muscle tenderness with spasm in the lumbar spine, positive axial loading compression test, positive Spurling's maneuver, limited range of motion with pain, tingling and numbness in the lateral forearm and hand, full strength in the wrist extensors and flexors, and asymmetric triceps reflexes. Examination of the lumbar spine also revealed palpable paravertebral muscle tenderness with spasm, positive seated nerve root test, guarding with restricted range of motion, negative instability, tingling and numbness in the L5-S1 dermatomal pattern, asymmetric ankle reflexes, and full strength in the bilateral lower extremities. Examination of the shoulder revealed tenderness around the anterior glenohumeral region and subacromial space, positive Hawkins and impingement sign, painful rotator cuff function, reproducible symptomatology with internal rotation and forward flexion, guarding with restricted flexion and extension, and negative instability. Recommendations included a refill of the current medication regimen. The injured worker was also scheduled for an MRI of the bilateral shoulders and a course of physical therapy. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen calcium (Nalfon) 3 times per day #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. According to the documentation provided, the injured worker has continuously utilized NSAIDs for an unknown duration. The medical necessity for the ongoing use of Nalfon has not been established. The guidelines do not recommend long term use of NSAIDs. Given the above, the request is not medically appropriate.

Omeprazole 20mg every 2 hours as needed #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the medical necessity for the requested medication has not been established in this case. Given the above, the request is not medically appropriate.

Cyclobenzaprine Hydrochloride 7.5mg every 6 hours as needed #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines: Non-Sedating Muscle Relaxants

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. The injured worker has

continuously utilized the above medication for an unknown duration. There is no documentation of objective functional improvement. Additionally, the guidelines do not recommend long term use of muscle relaxants. Given the above, the request is not medically appropriate.

Tramadol ER 150mg once a day as needed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. According to the documentation provided, the injured worker has utilized tramadol ER 150 mg since at least 03/2013. There is no documentation of objective functional improvement. Previous urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. There is also no quantity listed in the request. Given the above, the request is not medically appropriate.

Eszopiclone at bedtime as needed #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Med Lett Drugs Ther. 2005 Feb 28;47(1203):17-9. Eszopiclone (Lunesta), a new hypnotic.

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

Decision rationale: The Official Disability Guidelines recommend insomnia treatment based on etiology. Lunesta has demonstrated reduced sleep latency and sleep maintenance. There is no documentation of a failure to respond to nonpharmacologic treatment for insomnia prior to the initiation of a prescription product. The injured worker does not maintain a diagnosis of insomnia disorder. There is also no strength listed in the request. Given the above, the request is not medically appropriate.