

Case Number:	CM15-0010655		
Date Assigned:	01/28/2015	Date of Injury:	02/13/2014
Decision Date:	03/26/2015	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: 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 56 year old male, who sustained an industrial injury on 02/13/2014. He has reported neck pain, back pain, right knee pain, right Achilles pain, right elbow pain, and shoulder pain. The diagnoses have included cervicalgia; carpal tunnel syndrome; cubital tunnel syndrome; and lumbago. Treatment to date has included medications and physical therapy. Medications have included Voltaren, Norco, Cyclobenzaprine Hydrochloride, Tramadol ER, and Methoderm Gel. A progress note from the treating physician, dated 12/06/2014, documented a follow-up evaluation of the injured worker. The injured worker reported constant cervical spine pain which radiates into the upper extremities; constant, sharp low back pain with radiation of pain into the lower extremities; and constant pain in the bilateral elbows/wrists. Objective findings revealed palpable paravertebral muscle tenderness with spasm of the cervical spine; tenderness over the elbow about the olecranon groove; positive Tinel's sign over the cubital tunnel; tenderness over the volar aspect of the wrist; and palpable paravertebral muscle tenderness with spasm of the lumbar spine. The treatment plan includes continuation/prescriptions for medications; and follow-up evaluation as scheduled. On 12/24/2014 Utilization Review noncertified 1 prescription of Omeprazole 20 mg #120; 1 prescription of Cyclobenzaprine Hydrochloride Tab 7.5 mg #120; 1 prescription of Tramadol ER 150 mg #90; and 1 prescription of Eszopicion Tablets 1 mg #30. The CA MTUS and ODG were cited. On 01/20/2015, the injured worker submitted an application for IMR for review of 1 prescription of Omeprazole 20 mg #120; 1 prescription of Cyclobenzaprine Hydrochloride Tab

7.5 mg #120; 1 prescription of Tramadol ER 150 mg #90; and 1 prescription of Eszopiclone Tablets 1 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Section Page(s): 68 -.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS, Proton Pump Inhibitors (PPIs) Page(s): 68.

Decision rationale: According to CA MTUS (2009), proton pump inhibitors, such as Omeprazole (Prilosec), are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. Risk factors include, age 65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation indicating that this patient has any GI symptoms or GI risk factors. Medical necessity of the requested medication has not been established. The requested item is not medically necessary.

Cyclobenzaprine hydrochloride 7.5 mg, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain) Section Page(s): 63 - 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009), 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. Based on the currently available information, the medical necessity for this muscle relaxant has not been established. The requested medication is not medically necessary.

Tramadol ER 150 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 - 80, 93 - 94 and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS, Opioids Page(s): 93-96. Decision based on Non-MTUS Citation 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 there has been no documentation of the medication's pain relief effectiveness and no clear documentation that the patient has responded to ongoing opioid therapy. This does not appear to have occurred with this patient. Medical necessity of the requested medication has not been established. The requested treatment with Tramadol ER is not medically necessary.

Eszopicion tabs 1 mg, thirty count: 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), Pain Chapter

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

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. According to the ODG guidelines, non-Benzodiazepine sedative-hypnotics are considered first-line medications for insomnia. The treatment of insomnia should be based on the etiology, and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Lunesta is indicated for the treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which have potential for abuse and dependency. In this case, Lunesta is a sedative-hypnotic and should not be used on a daily basis. Medical necessity for the requested medication has not been established. The requested Eszopicion is not appropriate or medically necessary.