

Case Number:	CM15-0017603		
Date Assigned:	02/05/2015	Date of Injury:	11/06/1989
Decision Date:	03/30/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/29/2015

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 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 injured worker is a 48 year old male, who sustained an industrial injury on November 6, 1989. He has reported bilateral elbow and wrist pain. The diagnoses have included carpal tunnel syndrome, depression and sleep difficulties. Treatment to date has included carpal tunnel surgery, medications, physical therapy, home exercises, and imaging studies. A progress note dated October 29, 2014 indicates a chief complaint of continued bilateral elbow and wrist pain. Physical examination showed reproducible nerve symptoms, full but painful range of motion of the wrists, and decreased sensation of the digits. The treating physician is requesting prescriptions for Fenopropfen, Ondansetron, and Eszopiclone. On January 5, 2015 Utilization Review denied the request for the prescriptions citing the MTUS chronic pain medical treatment guidelines and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenopropfen Calcium 400mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic)

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

Decision rationale: There is no documentation of the rational 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 Fenoprofen. Therefore, the request for FENOPROFEN CALCIUM 400MG #120 is not medically necessary.

Ondansetron 8mg #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, Pain (Chronic)

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

Decision rationale: Ondansetron is an antiemetic drug following the use of chemotherapy. Although MTUS guidelines are silent regarding the use of Ondansetron, there is no documentation in the patient's chart regarding the occurrence of medication induced nausea and vomiting. Therefore, the prescription of Ondansetron 8mg #30 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; Insomnia Treatment Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Antidepressants for chronic pain, Page(s): 14.

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." "Eszopiclone (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. Therefore, the prescription of Eszopiclone 1mg #30 is not medically necessary.