

<b>Case Number:</b>	CM15-0117149		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	07/03/1965
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: Emergency 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 49 year old male who sustained an industrial injury on a date reported as 07/03/1965 resulting in pain to the low and mid back. Treatment provided to date has included: physical therapy sessions of unknown number, 12 acupuncture treatments, 2 lumbar epidural steroid injections resulting in worsening of pain, medications, and conservative therapies/care. Diagnostic tests performed include: MRI of the lumbar spine (02/04/2015) showing moderate levoscoliosis and disc protrusions/extrusions at L3-4, L4-5 and L5-S1; and electrodiagnostic and nerve conduction testing of the lower extremities (2015) revealing evidence of L5 radiculopathy. Other noted dates of injury documented in the medical record include: 2011 resulting in injury to the neck and low back. There were no noted comorbidities. On 04/08/2015, physician progress report reflects a date of injury as 02/07/2014 and noted complaints of constant pain in the low back that is aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing and walking multiple blocks. The pain was rated 7/10 in severity, and was described as sharp with radiating pain into the lower extremities. Additional complaints included difficulty sleeping. Current medications include nabumentone (Relafen) 750mg, lansoprazole (Prevacid) 30mg, ondansetron ODT 8mg, cyclobenzaprine HCL 7.5mg, tramadol HCL ER 150mg, and eszopiclone (Lunesta) 1mg #30. An AME (agreed medical evaluation) dated 01/28/2015 stated that the injured worker complained of mild intermittent neck pain, mid back pain and low back pain, and it was also stated that he was taking no medications at this time. No pain rating was provided. However, a progress report dated 01/14/2015, stated that the injured worker's current medications were being refilled. The physical exam revealed tenderness to

palpation of the paravertebral muscles in the lumbar spine with noted spasms, positive seated nerve test, guarded and restricted range of motion in the lumbar spine, numbness and tingling in the lateral thigh, anterolateral leg and foot with an L5 dermatomal pattern, and slightly decreased strength in the EHL, L4 innervated muscle. The provider noted diagnoses of lumbago. Plan of care includes refills of current medications. The injured worker's work status remained temporarily partially disabled. The request for authorization and IMR (independent medical review) includes: lansoprazole 30mg #120, cyclobenzaprine HCL 7.5mg #120, tramadol ER 150mg #90, and eszopiclone 1mg #30.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Lansoprazole 30 mg #120: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) Chapter; Proton pump inhibitors (PPIs) and NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Lansoprazole is a proton pump inhibitor (PPI) used to treat stomach ulcers, gastroesophageal reflux disease (GERD), a damaged esophagus, and conditions that cause the stomach to make too much acid, such as Zollinger-Ellison syndrome. The MTUS is silent in regards to lansoprazole; therefore, the ODG was consulted in this decision. The ODG recommends PPIs for patients at risk for gastrointestinal (GI) events. This is determined by: age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The ODG continues to state "the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time". Risk involved with long-term use of these medications include vitamin B12 deficiency; iron deficiency; hypomagnesemia; increased vulnerability to pneumonia, enteric infections and fractures; hypergastrinemia and cancer; and adverse cardiovascular effects. Upon review of the clinical documentation, it was determined that there were no complaints of GI symptoms, no history of GI events or diagnoses, and no risk factors of a GI event. Although the injured worker was taking an oral NSAID, there was no indication of exceptionally high doses, and there was no reports of the injured worker concurrently taking corticosteroids, anticoagulation therapy medications or aspirin therapy. Additionally, the request for lansoprazole (Prevacid) is not a valid request as the dosing instructions (quantity/amount and how often to be taken) were not provided. As such, lansoprazole (Prevacid) 30mg #120 is not medically necessary.

#### **Cyclobenzaprine HCL 7.5 mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); and Muscle relaxants (for pain) Page(s): 41-42, 63-66.

**Decision rationale:** Cyclobenzaprine (brand names: Amrix, Flexeril and Fexmid; generic form: tabradol) is a centrally acting skeletal muscle relaxant. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP (low back pain) as they can reduce pain from muscle tension and possibly increase mobility. However, in most cases involving LBP, they provide no more benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Cyclobenzaprine (Amrix, Flexeril, Fexmid and other generic forms) is recommended for a short course of treatment (with greatest effect within the first 4 days) and not recommended for long term use. The clinical notes show that the injured worker has been prescribed cyclobenzaprine (Fexmid) since at least 10/03/2014 with evidence of increased pain since this time. Additionally, the MTUS does not recommend or support the long-term use of muscle relaxants as efficacy diminishes over time and there is increased risk of dependence. Furthermore, the request for cyclobenzaprine is not a valid request as the dosing instructions (quantity/amount and how often to be taken) were not provided. Therefore, cyclobenzaprine HCL 7.5mg #120 is not medically necessary.

**Tramadol ER 150 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; and Tramadol Page(s): 74-88, 93-94.

**Decision rationale:** In regards to tramadol HCL ER, MTUS discourages long term usage unless there is evidence of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, return to work, or improved quality of life. Opioids are to be weaned and discontinued if there is no overall improvement in function, unless there are extenuating circumstances. After reviewing the clinical documentation submitted for review, it is found that the treating physician does not document: 1) the least reported pain over the period since last assessment; 2) intensity of pain after taking the opioid; 3) how long it takes for pain relief; 4) how long pain relief lasts; 5) improvement in pain; or 6) improvement in function. These are necessary to meet MTUS guidelines. Additionally, the progress reports show that the injured worker has been prescribed this medication since at least 10/03/2014 with increased pain levels since the initiation of the tramadol. Furthermore, the request for tramadol ER is not a valid request as the dosing instructions (quantity/amount and how often to be taken) were not provided As such, the request for tramadol HCL ER 150mg # 90 is not medically necessary.

**Eszopiclone 1 mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Eszopiclone (Lunesta) is classified as a central nervous system (CNS) depressant. This medication slows down the nervous system resulting in improved sleep initiation and sleep maintenance. The MTUS (Medical Treatment Utilization Schedule) is silent in regards to the use of eszopiclone (Lunesta); therefore, alternative guidelines were consulted in the review and decision of this medication. The ODG states that eszopiclone is not recommended for long-term use, but is recommended for short-term use. The ODG recommends limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourages its use in the chronic phase as they can be habit-forming, impair function and memory (more than opioid pain relievers), may increase pain and depression over the long term, and have more than three times greater risk of death, even when prescribed less than 18 pills per year. In addition, the ODG recommends that medications should only be used after careful evaluation of potential causes of sleep disturbance. The specific components of insomnia that should be addressed include: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. Furthermore, failure of sleep disturbance to resolve in a 7 to 10 day period may point to a psychiatric and/or medical illness. After reviewing the medical documentation submitted, it was determined that the injured worker has been prescribed eszopiclone (Lunesta) consistently since as early as 01/14/2015 (more than 5-6 months) with no reported improvement in sleep difficulties/insomnia. Monthly progress reports state that the injured worker complains of difficulty sleeping despite the use of eszopiclone. Furthermore, the request for eszopiclone is not a valid request as the dosing instructions (quantity/amount and how often to be taken) were not provided. As such, eszopiclone (Lunesta) 1mg #30 is not medically necessary.