

Case Number:	CM15-0121616		
Date Assigned:	07/02/2015	Date of Injury:	07/31/2007
Decision Date:	08/31/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/23/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 41 year old male, who sustained an industrial injury on 07/31/2007. The injured worker is currently not working and permanent and stationary. The injured worker is currently diagnosed as having chronic low back pain, cervical and lumbar radiculopathies, multiple herniated nucleus pulposus' of the lumbar and cervical spine, facet arthropathy of the lumbar spine, and right shoulder impingement. Treatment and diagnostics to date has included recent transforaminal epidural steroid injection with no benefit, chiropractic treatment, right shoulder surgery, Tylenol and Ibuprofen with no benefit, and other medications. In a progress note dated 06/05/2015, the injured worker presented with complaints of neck, right shoulder, and low back pain and reports no significant change since his last visit. Objective findings include antalgic gait with use of a single point cane, decreased range of motion to cervical, thoracic, and lumbar spine, tenderness to palpation to cervical, thoracic, and lumbar spine with spasms noted in the cervical and lumbar region, decreased cervical and lumbar dermatomes to pinprick and light touch, and positive straight leg raise test. The injured worker stated that he does not want to be evaluated for surgery and wishes to continue with medication management only. The treating physician reported requesting authorization for Naproxen, Omeprazole, Eszopiclone, and Orphenadrine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 66, 67-69.

Decision rationale: According to California MTUS Chronic Pain Medical Treatment Guidelines, "Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis" and is "recommended at the lowest dose for the shortest period in patients with moderate to severe pain". A review of the received medical records, reveal that the injured worker experiences reduced pain and improvement in function with the use of naproxen, the continued use is appropriate and therefore the request for Naproxen is medically necessary.

Omeprazole: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68-69.

Decision rationale: According to California MTUS Chronic Pain Medical Treatment Guidelines, Prilosec (Omeprazole) is a proton pump inhibitor that is to be used with non-steroidal anti-inflammatory drugs (NSAIDs) for those with high risk of GI (gastrointestinal) events such as being over the age of 65, "history of a peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin (ASA), corticosteroids, and/or anticoagulant, or high dose/multiple NSAID" use. A review of the injured workers medical records reveal a history of medication induced gastritis and nausea that is relieved with the use of omeprazole, therefore based on the injured workers clinical history and the guidelines the request for Omeprazole is medically necessary.

Eszopiclone: 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), Lunesta.

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

Decision rationale: Regarding the request for Lunesta (Eszopiclone), California MTUS Guidelines are silent. Official Disability Guidelines (ODG) recommends that "pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may

indicate a psychiatric and/or mental illness...the specific component of insomnia should be addressed: sleep onset, sleep maintenance, sleep quality, and next day functioning". "Non-benzodiazepine sedative hypnotics (benzodiazepine-receptor agonists) are first line medications for insomnia...All the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency." The injured worker had been on temazepam with documentation of improved sleep and no side effects, the rationale for switching to eszopiclone is not clear from the medical records that are available to me, therefore the request for eszopiclone is not medically necessary.

Orphenadrine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: According to California MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a "second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain...Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAID's (non-steroidal anti-inflammatory drugs) in pain and overall improvement. Also, there is no additional benefit show in combination with NSAID's." The reviewed medical records show that the injured worker has a history of low back pain, his physical exam revealed spasms in the cervical and lumbar regions with documentation of relief of muscle spasm with the use of orphenadrine, the continued use of orphenadrine is medically appropriate and necessary in this injured worker.