

Case Number:	CM15-0128769		
Date Assigned:	07/15/2015	Date of Injury:	10/08/2012
Decision Date:	08/19/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/03/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old male, who sustained an industrial injury on 10/8/12. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar disc degeneration; chronic pain; lumbar facet arthropathy; lumbar radiculitis. Treatment to date has included physical therapy; epidural injections; medications. Diagnostics studies included EMG/NCV study bilateral lower extremities (5/12/15); MRI lumbar spine (5/13/15). Currently, the PR-2 notes dated 4/27/15 indicated the injured worker presented for a pain medicine follow-up visit and re-examination. He complains of low back pain that is constant and radiates down the right lower extremity. The pain radiates to the right thigh but denies any lower extremity numbness, tingling or weakness. It is described as aching, sharp and moderate to severe. It is aggravated by activity, bending, prolonged sitting, and standing, twisting and walking. He reports difficult with sleep and rates this pain as 4-5/10 on average with medications and 6-7/10 without medications. The pain is improved with bed rest, taking medications and stretching and recently the pain has worsened. On physical examination, the provider notes the injured worker was observed to be in moderate distress. There is tenderness noted on palpation in the paravertebral area L3-5 levels and range of motion decreased secondary to pain. Pain significantly increased with bending, extension, flexion and rotation. Straight leg raise in seated position was positive on the right for radicular pain at 60 degrees. The CURES report was obtained and reviewed and no inconsistencies were noted. An EMG/NCV study of the bilateral lower extremities done on 5/12/15 is reported as normal NCS with no evidence of peripheral neuropathy noted in the bilateral lower extremities and abnormal EMG noting right chronic L5

denervation (clinically-radiculopathy) by electro-diagnostic criteria. There is no evidence of active lumbar radiculopathy noted in the bilateral lower extremities. A MRI of the lumbar spine dated 5/13/15 impression notes there is scoliotic curvature and at L4-L5 there is a 3mm circumferential disc protrusion resulting in abutment of the descending L5 nerve roots bilaterally as well as abutment of the exiting right and left L4 nerve roots with mild central canal narrowing. There is multilevel facet arthropathy noted. A lumbar Transforaminal epidural steroid injection at the right L4-S1 is being requested on this date. The provider is requesting authorization of Nabumetone (Relafen) 750mg #120 and Eszopiclone 1mg #30 as this was denied on Utilization Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone (Relafen) 750mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medication Page(s): 22.

Decision rationale: The patient presents with constant pain in the low back radiating into the lower extremities rated 8/10. The request is for Nabumetone (Relafen) 750mg #120. The request for authorization is not provided. MRI of the lumbar spine, 05/13/15, shows at L4-L5, there is a 3-mm circumferential disc protrusion resulting in abutment of the descending L5 nerve roots bilaterally as well as abutment of the exiting right and left L4 nerve roots with mild central canal narrowing. EMG/NCS of the lower extremities, 05/12/15, shows normal NCS, and abnormal EMG, right chronic L5 denervation (clinically-radiculopathy) by electro-diagnostic criteria. Physical examination of the lumbar spine reveals palpable paravertebral muscle tenderness with spasm. Seated nerve root test is positive. Standing flexion and extension are guarded and restricted. Patient had 1 facet block & 1 LSEI with no significant changes. The patient is to continue taking their medication as directed. They are helping in curing and relieving the patient's symptomatology. They are improving the patient's activities of daily living and making it possible for him to continue working and/or maintain the activities of daily living. Patient's medications include Nabumetone, Prevacid, Ondansetron, Cyclobenzaprine, Tramadol and Eszopiclone. Per progress report dated 07/02/15, the patient is returned to modified work. MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first line treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. Per progress report dated 06/29/15, treater's reason for the request is "for inflammation and pain." Patient has been prescribed Nabumetone since at least 05/19/15. In this case, there is no discussion of the efficacy of the medication. Per progress report dated 07/02/15, treater only makes a general statement, "They are helping in curing and relieving the patient's symptomatology. They are improving the patient's activities of daily living and making it possible for him to continue working and/or maintain the activities of daily living." However, MTUS page 60 requires that medication efficacy in terms of pain reduction and functional gains must be discussed when using it for chronic pain. Therefore, this request 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, Pain Procedure Summar, Med Lett Drugs Ther, 2005.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress Chapter on Eszopiclone (Lunesta).

Decision rationale: The patient presents with constant pain in the low back radiating into the lower extremities rated 8/10. The request is for Eszopiclone 1mg #30. The request for authorization is not provided. MRI of the lumbar spine, 05/13/15, shows at L4-L5, there is a 3- mm circumferential disc protrusion resulting in abutment of the descending L5 nerve roots bilaterally as well as abutment of the exiting right and left L4 nerve roots with mild central canal narrowing. EMG/NCS of the lower extremities, 05/12/15, shows normal NCS, and abnormal EMG, right chronic L5 denervation (clinically-radiculopathy) by electrodiagnostic criteria. Physical examination of the lumbar spine reveals palpable paravertebral muscle tenderness with spasm. Seated nerve root test is positive. Standing flexion and extension are guarded and restricted. Patient had 1 facet block & 1 LSEI with no significant changes. The patient is to continue taking their medication as directed. They are helping in curing and relieving the patient's symptomatology. They are improving the patient's activities of daily living and making it possible for him to continue working and/or maintain the activities of daily living. Patient's medications include Nabumetone, Prevacid, Ondansetron, Cyclobenzaprine, Tramadol and Eszopiclone. Per progress report dated 07/02/15, the patient is returned to modified work. ODG- TWC, Mental & Stress Chapter states: "Eszopiclone (Lunesta): Not recommended for long- term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase... The FDA has lowered the recommended starting dose of eszopiclone(Lunesta) from 2 mg to 1 mg for both men and women." Per progress report dated 06/29/15, treater's reason for the request is "to treat temporary insomnia related to the patient's pain condition." Patient has been prescribed Eszopiclone since at least 01/20/15. In this case, the treater does not document or discuss its efficacy and how it has been or is to be used. Per progress report dated 07/02/15, treater only makes a general statement, "They are helping in curing and relieving the patient's symptomatology. They are improving the patient's activities of daily living and making it possible for him to continue working and/or maintain the activities of daily living." Furthermore, the request for additional Eszopiclone #30 would exceed MTUS recommendation and does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.