

Case Number:	CM15-0144414		
Date Assigned:	09/15/2015	Date of Injury:	03/25/2014
Decision Date:	10/14/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/24/2015

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:

This 57-year-old female sustained an industrial injury on 3-25-14. Documentation indicated that the injured worker was receiving treatment for cervical discopathy, lumbar discopathy and right shoulder internal derangement with full thickness tear of rotator cuff with retraction. Previous treatment included physical therapy, injections, bracing, ice, heat and medications. Magnetic resonance imaging right shoulder (5-15-15) showed a full thickness and complete tear of the supraspinatus tendon with retraction. In a PR-2 dated 6-11-15, the injured worker complained of low back pain with radiation to the right leg, rated 9 out of 10 on the visual analog scale, associated with numbness, paresthesia and weakness. The injured worker stated that the pain in her low back was severe, especially at night. The injured worker reported that she sometimes had blood in her phlegm. The physician stated that the injured worker had been diagnosed with gastritis. Physical exam was remarkable for lumbar spine with tenderness to palpation to the right paraspinal musculature with spasms, range of motion: lateral bending 0-10 degrees, left lateral bending 20-30 degrees, extension 0-10 degrees and "diminished" bilateral resisted rotation, positive right straight leg raise, absent lower extremity deep tendon reflexes at the knees, decreased sensation to light touch at the right thigh and 5 out of 5 lower extremity strength bilaterally. The treatment plan included a prescription for Butrans and appealing a denial for electromyography and nerve conduction velocity test. In a progress note dated 7-7-15, the injured worker complained of ongoing pain rated 7-10 out of 10 on the visual analog scale. The injured worker could not sit for more than half an hour or walk more than a quarter mile before having to stop due to pain. The physician stated that the injured worker had "marked limitation of sleeping and activities of daily living". On 6-24-15, a request for authorization was submitted for medications (Relafen, Prevacid, Zofran, Cyclobenzaprine, Tramadol and

Eszopiclone). On 7-9-15, Utilization Review modified a request for Eszopiclone 1 mg #30 to a one-week supply with Eszopiclone 1 mg #7 and Nabumetone (Relafen) 750mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopiclone 1 mg #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 (ODG), Pain (Chronic) - Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia Treatment, pages 535-536.

Decision rationale: Review indicates the Eszopiclone (Lunesta) was modified for weaning. Hypnotics are not included among the multiple medications noted to be optional adjuvant medications, per the Official Disability Guidelines (ODG), Pain. Additionally, Lunesta is a non-benzodiazepine-like, Schedule IV controlled substance. Long-term use is not recommended, as efficacy is unproven with a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic and anxiolytic. Chronic use is the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Submitted documents have not demonstrated any specific functional improvement including pain relief with decreased pharmacological profile, decreased medical utilization, increased ADLs and work function, or quantified hours of sleep as a result from treatment rendered for this chronic injury. The reports have not identified any specific clinical findings or confirmed diagnoses of sleep disorders nor is there any noted failed trial of behavioral interventions or proper sleep hygiene regimen to support its continued use. The Eszopiclone 1 mg #30 is not medically necessary and appropriate.

Nabumetone (Relafen) 750mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic March 2014 injury nor have they demonstrated

any functional efficacy derived from treatment already rendered. The Nabumetone (Relafen) 750mg #120 is not medically necessary and appropriate.