

Case Number:	CM15-0060340		
Date Assigned:	04/06/2015	Date of Injury:	11/06/2010
Decision Date:	05/29/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	03/30/2015

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, Arizona

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 36 year old female, who sustained an industrial injury on 11/06/2010. The mechanism of injury was not noted. The injured worker was diagnosed as having cervicalgia, lumbago, and shoulder pain. Treatment to date has included magnetic resonance imaging of the cervical and lumbar spines, left shoulder surgery, physical therapy, electromyogram and nerve conduction studies of the upper and lower extremities, and medications. The injured worker presented on 01/23/2015 for a followup evaluation with complaints of constant pain in the cervical spine, lumbar spine, and left shoulder. Upon examination of the cervical spine, there was paravertebral muscle tenderness with spasm, pox axial loading compression test, positive Spurling's maneuver, limited range of motion with pain, tingling and numbness in the anterolateral shoulder and arm, full strength, and asymmetric biceps reflexes. Examination of the shoulder revealed tenderness around the anterior glenohumeral region and subacromial space, positive Hawkins and impingement signs, painful range of motion, reproducible symptomatology with internal rotation and forward flexion, and negative instability. Examination of the lumbar spine revealed paravertebral muscle tenderness with spasm, positive seated nerve root test, guarding, and resisted flexion and extension; negative instability, tingling, and numbness in the lateral thigh in the L5-S1 dermatomal pattern; and asymmetric ankle reflexes. Treatment recommendations at that time included continuation of the current medication regimen. A Request for Authorization form was submitted on 03/17/2015 for Nalfon 400 mg, omeprazole 20 mg, cyclobenzaprine 7.5 mg, tramadol ER 150 mg, and Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen Calcium (Nalfon) 400 mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period of time in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. In this case, it is unclear how long the injured worker has utilized the above medication. The guidelines do not recommend long term use of NSAIDs. There is no frequency listed in the request. Given the above, the request is not medically necessary.

Omeprazole 20 mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state, proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. In this case, there was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. The medical necessity for the requested medication has not been established. Additionally, there is no frequency listed in the request. As such, the request is not medically appropriate.

Cyclobenzaprine Hydrochloride tablets 7.5 mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

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

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. It is unclear how long the injured worker has utilized the above medication. The guidelines do not support long-term use

of muscle relaxants. There is no frequency listed in the request. Given the above, the request is not medically necessary.

Eszopiclone tablets 1 mg Qty 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 chapter - 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) Chronic Pain Chapter, Insomnia Treatment.

Decision rationale: The Official Disability Guidelines recommend insomnia treatment based on etiology. Lunesta has demonstrated reduced sleep latency and sleep maintenance. The injured worker does not report symptoms of chronic insomnia. There is no evidence of a failure to respond to non-pharmacologic treatment prior to the initiation of a prescription product. There is also no frequency listed in the request. Given the above, the request is not medically necessary.