

Case Number:	CM15-0064477		
Date Assigned:	04/10/2015	Date of Injury:	10/09/2014
Decision Date:	06/05/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/06/2015

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 62-year-old female patient who sustained an industrial injury on 10/09/2014. The mechanism of injury was cumulative trauma. Previous diagnostic testing to include electrodiagnostic study, magnetic resonance imaging, and radiographic study and prior treatment included physical therapy. A primary treating office visit dated 02/03/2015 reported the patient with subjective complaint of cervical spine, low back, bilateral shoulders, and right elbow/hand pains. She is diagnosed with cervical lumbar discopathy; cervicgia; carpal tunnel double crush syndrome, and rule out internal derangement bilateral shoulders. The plan of care involved pending scheduled diagnostic testing, pending authorization for acupuncture and pain management. The documentation indicated the medications were being requested under a separate letter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen Calcium (Nalfon) 400mg, #120: Upheld

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

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

Decision rationale: The California MTUS Guidelines indicate that NSAIDS are recommended for short-term symptomatic relief of mild to moderate pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to provide documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for fenoprofen calcium (Nalfon) 400 mg, #120 is not medically necessary.

Omeprazole 20mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular risk.

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

Decision rationale: The California MTUS Guidelines recommend proton pump inhibitors for injured workers at intermediate risk or higher for gastrointestinal events and are also for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to provide documentation the injured worker had dyspepsia. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Additionally, as the requested NSAID was found to be not medically necessary, the proton pump inhibitor would not be appropriate. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for omeprazole 20 mg #120 is not medically necessary.

Cyclobenzaprine Hydrochloride 7.5mg, #120: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain, less than 3 weeks, and there should be documentation of objective functional improvement. The clinical documentation submitted for review failed to provide documentation of objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for cyclobenzaprine hydrochloride 7.5 mg #120 is not medically necessary.

Tramadol ER 150mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation of objective functional improvement and an objective decrease in pain. There was a lack of documentation that the injured worker was being monitored for aberrant drug behaviors. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for tramadol ER 150 mg #30 is not medically necessary.

Eszopiclone 1mg, #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), Pain Chapter, Eszopicolone.

Decision rationale: The Official Disability Guidelines indicates the use of Lunesta is for the short-term treatment of insomnia, generally 2 to 3 weeks. The clinical documentation submitted for review failed to provide documentation the injured worker had complaints of insomnia. The duration of use could not be established. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for eszopicolone 1 mg #30 is not medically necessary.