

Case Number:	CM15-0065355		
Date Assigned:	04/13/2015	Date of Injury:	08/07/2013
Decision Date:	05/14/2015	UR Denial Date:	03/23/2015
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

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 43-year-old male who sustained a work related injury August 7, 2013. According to a primary treating physician's progress report, dated February 9, 2015, the injured worker presented with complaints of constant low back pain, characterized as sharp, rated 6/10, with radiation into the lower extremities. There is palpable paravertebral muscle tenderness with spasm and seated nerve root test is positive. Range of motion revealed standing flexion and extension are guarded and restricted. Diagnosis is documented as lumbago. Treatment plan included refill of medications and request for authorization of physical therapy to the lumbar spine. A request for authorization form dated March 16, 2015, requests Omeprazole, Cyclobenzaprine Hydrochloride, and Eszopiclone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 69.

Decision rationale: The patient presents on 02/09/15 with lower back pain rated 6/10, which radiates into the bilateral lower extremities. The patient's date of injury is 08/07/13. Patient has no documented surgical history directed at this complaint. The request is for OMEPRAZOLE 20MG #120. The RFA is dated 03/16/15. Physical examination dated 02/09/15 reveals tenderness to palpation of the lumbar paraspinal muscles with spasm noted, and positive seated nerve root test. No other positive physical findings are included. The patient is currently prescribed Naflon, Omeprazole, Ondansetron, Cyclobenzaprine, Tramadol, Lunesta, Tylenol 3, Sumatriptan, Duloxetine, Levofloxacin, and Menthoderm gel. Diagnostic imaging was not included. Per 02/09/15 progress note, patient is advised to return to unrestricted work duties. MTUS Chronic Pain Medical Treatment Guidelines pg. 69 states "NSAIDs - Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. PPI's are also allowed for prophylactic use along with NSAIDs, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." In regard to the continuation of Omeprazole, the request is appropriate. Addendum progress note dated 03/01/15 states that this patient has a history of GI upset and epigastric pain from prior utilization of NSAIDs. The current medication regimen includes a high dose NSAID, Naproxen, and the provider specifically indicates that PPI utilization allows this patient to continue taking NSAIDs without further GI complications. Given this patient's history of GI upset secondary to NSAID utilization, his current high-dose NSAID, and documented prior efficacy, continuation of Omeprazole is substantiated. The request is medically necessary.

Cyclobenzaprine hydrochloride tablets: Upheld

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

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

Decision rationale: The patient presents on 02/09/15 with lower back pain rated 6/10, which radiates into the bilateral lower extremities. The patient's date of injury is 08/07/13. Patient has no documented surgical history directed at this complaint. The request is for Cyclobenzaprine Hydrochloride Tablets. The RFA is dated 03/16/15. Physical examination dated 02/09/15 reveals tenderness to palpation of the lumbar paraspinal muscles with spasm noted, and positive seated nerve root test. No other positive physical findings are included. The patient is currently prescribed Naflon, Omeprazole, Ondansetron, Cyclobenzaprine, Tramadol, Lunesta, Tylenol 3, Sumatriptan, Duloxetine, Levofloxacin, and Menthoderm gel. Diagnostic imaging was not included. Per 02/09/15 progress note, patient is advised to return to unrestricted work duties. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 states: "Muscle relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but

despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." In regard to the request for Cyclobenzaprine, the provider has specified an excessive duration of therapy. This patient has been taking Cyclobenzaprine since at least 10/24/14, though efficacy is not documented in the subsequent reports. Guidelines indicate that muscle relaxants such as Cyclobenzaprine are considered appropriate for acute pain. However, MTUS Guidelines do not recommend use of Cyclobenzaprine for longer than 2 to 3 weeks, the request for 120 additional tablets does not imply short duration therapy. Therefore, the 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(ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain chapter, for Eszopicolone (Lunesta); Insomnia Treatment.

Decision rationale: The patient presents on 02/09/15 with lower back pain rated 6/10 which radiates into the bilateral lower extremities. The patient's date of injury is 08/07/13. Patient has no documented surgical history directed at this complaint. The request is for eszopicolone 1MG #30. The RFA is dated 03/16/15. Physical examination dated 02/09/15 reveals tenderness to palpation of the lumbar paraspinal muscles with spasm noted, and positive seated nerve root test. No other positive physical findings are included. The patient is currently prescribed Naflon, Omeprazole, Ondansetron, Cyclobenzaprine, Tramadol, Lunesta, Tylenol 3, Sumatriptan, Duloxetine, Levofloxacin, and Mentherm gel. Diagnostic imaging was not included. Per 02/09/15 progress note, patient is advised to return to unrestricted work duties. MTUS/ACOEM did not discuss Lunesta or insomnia treatment, though ODG pain chapter, for Insomnia treatment states: "Recommend that treatment be based on the etiology, with the medications recommended below. 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 medical illness." ODG pain chapter, for Eszopicolone (Lunesta) states:"Not recommended for long-term use, but recommended for short-term use." In regard to the continuation of this patient's Lunesta, the requesting provider has exceeded guideline recommendations. Progress notes indicate that this patient has been taking Lunesta since at least 10/24/14. Addressing efficacy, progress note dated 03/01/15 does not specifically state whether this medication is useful in this patient. The requesting provider only provides an overview of the medication with a discussion of side-effects and an intent to monitor future use. While MTUS does not discuss this particular medication, ODG only supports short-term use. The requested 120 tablets - in addition to prior use - does not imply intent to utilize this medication short term. Therefore, the request is not medically necessary.