

Case Number:	CM15-0068527		
Date Assigned:	04/16/2015	Date of Injury:	02/03/1989
Decision Date:	06/08/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/10/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 51 year old male who sustained an industrial injury on 2/3/1989. His diagnoses, and/or impressions, include: cervical spine discogenic neck pain with disc displacement and radiculopathy; lumbar spine discogenic back pain with disc degeneration, spinal stenosis and radiculopathy; chronic myofascial triggers; lumbosacral "HNP"; chronic pain syndrome; and medication-induced gastritis with abdominal pain. No current magnetic resonance imaging studies are noted. His treatments have included acupuncture treatments, limited benefit; chiropractic treatments, limited benefit; physical therapy, limited benefit; home exercise program; rest from work; and medication management. The progress notes with his new pain management physician, dated 2/5/2015, noted complaints of constant neck pain that radiates down into the bilateral upper extremities, accompanied by tingling and associated with severe bilateral frontal headaches. This pain was said to be aggravated by activity and caused severe difficulty sleeping. Also complained of was low back pain that is constant and radiated down into the bilateral lower extremities, was accompanied by numbness, and aggravated by activity or prolonged sitting, and caused difficulty sleeping; also abdominal pain with rectal bleeding. The physician's requests for treatments were noted to include Nucynta; Omeprazole DR, Celecoxib, Eszopiclone, and an injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopiclone 3mg #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) Insomnia.

Decision rationale: Eszopiclone (Lunesta) is a prescription short-acting non-benzodiazepine sedative-hypnotic, which is recommended for short-term treatment of insomnia (two to six weeks). Lunesta is indicated for the treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. According to the ODG guidelines, non-benzodiazepine sedative-hypnotics are considered first-line medications for insomnia. It appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. Lunesta has demonstrated reduced sleep latency and sleep maintenance. It is recommended for short-term use. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. Lunesta is a hypnotic and should not be used on a daily basis. In this case, there is no documentation of sleep history or specific documentation of efficacy with prior use including, improved quality of sleep, longer sleep duration and objective functional benefit (Epworth Sleepiness Scale scores). Therefore, medical necessity for the requested medication has not been established. The requested Eszopiclone is not appropriate or medically necessary.

Nucynta 75mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-97.

Decision rationale: According to ODG, chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain, opioids for moderate to severe pain may be added. According to ODG and MTUS, Nucynta is a centrally acting opioid analgesic. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of pain relief effectiveness from Nucynta, functional improvement from previous usage, or response to ongoing opioid analgesic therapy. Medical necessity of the requested item has not been established. Of note, discontinuation of Nucynta should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

Celecoxib 200mg #30: 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): 30. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs.

Decision rationale: Celebrex (Celecoxib) is a nonsteroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. Unlike other NSAIDs, Celebrex does not appear to interfere with the antiplatelet activity of aspirin and is bleeding neutral when patients are being considered for surgical intervention or interventional pain procedures. Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months. In this case, there is no documentation of the medication's pain relief effectiveness or functional improvement, as compared to functionality using a non-prescription anti-inflammatory medication. The medical necessity of the requested medication has not been established. The requested medication is not medically necessary.

Bilateral L4-S1 transforaminal under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIs Page(s): 46.

Decision rationale: A selective nerve root block, or transforaminal epidural steroid injection (ESI), is a variation of the traditional midline ESI; the spinal nerve roots exit the spine laterally. Based on a patient's medical history, a physical exam, and MRI findings, often a specific inflamed nerve root can be identified. According to the CA MTUS guidelines, criteria for ESI's include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing; initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. Repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. In this case, the patient has chronic low back symptoms and decreased sensitivity in both lower extremities. However, radicular pain in a dermatomal pattern along L4, L5 and S1 is not documented. Medical necessity of the requested bilateral L4-S1 transforaminal ESI using fluoroscopy has not been established. The requested service is not medically necessary.