

<b>Case Number:</b>	CM15-0074536		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	09/05/2007
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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 52 year old female patient who sustained an industrial injury on 09/05/2007. A primary treating office visit dated 03/06/2015 reported chief complaint of neck and back pain. She reports the symptoms worsened since the last visit. She states increased low back pain, neck and general pain. She states being seen in an emergency department and given an injection for the pain. She reports being unable to tolerate the pain and that she experiences trembling and severe vibration to the back of her head. In addition, she complains of increased bowel and bladder incontinence; along with jaw pressure that increases with the pain. Of note, she was denied a cardiology consultation. The history of treatment includes: epidural steroid injections, physical therapy sessions, acupuncture sessions, and oral medications. She is diagnosed with lumbar radiculopathy; lumbar herniated disc; lumbar spinal stenosis; lumbar spondylosis without myelopathy; lumbar degenerative disc disease, and lumbago. The following medications were refilled: Cymbalta, Nucynta, Lunesta, Ketoprofen, and Flexeril. The physician is recommending Tylenol with Codeine, Eszopiclone, and urology consultation and follow up visit. A primary treating office visit dated 10/01/2014 reported the patient with neck and back pains. She is noted having more frequent headaches and nausea. She is also having difficulty sleeping. The patient currently rates the neck pain a 4 out of 10 in intensity described as a burning pain that radiates into the upper back. She is diagnosed with: chronic pain syndrome; left leg radiculitis S1, and facet arthropathy. The plan of care involved: recommending a neurology consultation, gastrointestinal consultation, and follow up.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**CM3 Ketoprofen 20% apply to (B) wrists, Back, Neck BID-TID PRN #1 tube dispensed no refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

**Decision rationale:** The 52 year old patient complains of neck pain with burning radiation to bilateral upper extremities and numbness in bilateral hands, bilateral hip pain, and lower back pain radiating predominantly to the left lower extremity, as per progress report dated 03/06/15. The request is for Cm3 Ketoprofen 20% Apply To (B) Wrists, Back, Neck Bid-Tid Prn #1 Tube Dispensed No Refills. The RFA for the case is dated 03/06/15, and the patient's date of injury is 09/05/07. Diagnoses, as per progress report dated 03/06/15, included lumbar radiculopathy, lumbar herniated disc, lumbar spinal stenosis, lumbar spondylosis, lumbar degenerative disc disease, and lumbago. The pain in the neck is rated at 5-7/10 and the pain in the lower back is rated at 8/10. Medications prescribed in the reports included Cymbalta, Lunesta, Ketoprofen cream, Tylenol and Flexeril. The patient is status post back surgery in 2011, as per progress report dated 01/02/15. The progress report do not document the patient's work status. The MTUS guidelines, page 111, do not support the use of topical NSAIDs such as Ketoprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. In this case, a prescription for Ketoprofen cream is first noted in progress report dated 11/12/14. In a subsequent report, dated 01/02/15, the treater states that medications, which included Ketoprofen cream, helped decrease her pain by 50% and allow her to have increased ability to do household chores. In the most recent report dated 03/06/15, the treater states that the Ketoprofen cream is being prescribed for bilateral wrists, back and neck to decrease utilization of oral pain medications, decrease pain, and improve function. MTUS, however, does not support the use of topical NSAIDs for neck and back. Additionally, there is no diagnoses of peripheral joint arthritis and tendinitis for which the cream is recommended. Hence, the request is not medically necessary.

**Eszopiclone (Lunesta) 2mg (CIV) Tablet 1 QHS PRN #30 dispensed no refills:** 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 Mental & Stress Chapter, Eszopicolone (Lunesta) Pain chapter, insomnia treatment.

**Decision rationale:** The 52 year old patient complains of neck pain with burning radiation to bilateral upper extremities and numbness in bilateral hands, bilateral hip pain, and lower back

pain radiating predominantly to the left lower extremity, as per progress report dated 03/06/15. The request is for Eszopiclone (Lunesta) 2 Mg (Civ) Tablet 1 qhs Prn #30 Dispensed No Refills. The RFA for the case is dated 03/06/15, and the patient's date of injury is 09/05/07. Diagnoses, as per progress report dated 03/06/15, included lumbar radiculopathy, lumbar herniated disc, lumbar spinal stenosis, lumbar spondylosis, lumbar degenerative disc disease, and lumbago. The pain in the neck is rated at 5-7/10 and the pain in the lower back is rated at 8/10. Medications prescribed in the report included Cymbalta, Lunesta, Ketoprofen cream, Tylenol and Flexeril. The patient is status post back surgery in 2011, as per progress report dated 01/02/15. The progress report does not document the patient's work status. ODG-TWC, Mental & Stress Chapter states: "Eszopiclone (Lunesta): Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. The FDA has lowered the recommended starting dose of eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women." In this case, a prescription for Lunesta is first noted in progress report dated 01/02/15 although two prior progress reports dated 11/12/14 and 10/01/14 also state that the patient has difficulty sleeping. In the most recent progress report dated 03/06/15, the treater states that the medication is being prescribed for insomnia. However, there is no documentation of efficacy. Additionally, Lunesta is also not indicated for a long-term use. Hence, the current request of # 30 is not medically necessary.

**Flexeril 7.5mg 1 BID PRN #60 dispensed no refills:** Upheld

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

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

**Decision rationale:** The 52 year old patient complains of neck pain with burning radiation to bilateral upper extremities and numbness in bilateral hands, bilateral hip pain, and lower back pain radiating predominantly to the left lower extremity, as per progress report dated 03/06/15. The request is for Flexeril 7.5 Mg 1 Bid Prn # 60 Dispensed No Refills. The RFA for the case is dated 03/06/15, and the patient's date of injury is 09/05/07. Diagnoses, as per progress report dated 03/06/15, included lumbar radiculopathy, lumbar herniated disc, lumbar spinal stenosis, lumbar spondylosis, lumbar degenerative disc disease, and lumbago. The pain in the neck is rated at 5-7/10 and the pain in the lower back is rated at 8/10. Medications prescribed in the report included Cymbalta, Lunesta, Ketoprofen cream, Tylenol and Flexeril. The patient is status post back surgery in 2011, as per progress report dated 01/02/15. The progress report do not document the patient's work status. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation 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. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." In this case, a prescription of Flexeril for muscle spasms is only noted in the most recent progress report dated 03/06/15. It is not clear if this is

the first prescription or if the patient has received the medication in the past. There is no documentation of efficacy. Nonetheless, MTUS does not recommend prolonged use of muscle relaxants such as Flexeril. Hence, the request for #60 is not medically necessary.