

Case Number:	CM13-0003900		
Date Assigned:	12/20/2013	Date of Injury:	07/02/2008
Decision Date:	07/25/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	07/29/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 38-year-old male who reported an injury on 07/02/2008. The mechanism of injury was a backward fall from a chair. His diagnoses include post-traumatic migraine-like headaches, occipital neuralgia and neuropathy, musculoligamentous sprain/strain of the cervical spine, obstructive sleep apnea, and major depression with anxiety and panic attacks. His complaints included severe headaches and heartburn secondary to his medications. On 01/14/2014 and 01/20/2014, his medications included Seroquel 100 mg, Cymbalta 60 mg, Imitrex 100 mg, Dexilant 30 mg, Xolido 2% cream, Topomax 50 mg, Seroquel 150 mg, Oxycodone 15 mg. It was noted that Ambien, Prilosec and Zoloft had been prescribed, but no dosages were noted. The visit note of 10/03/2013 included Axert 6.25 mg and Lunesta 3 mg among his medications. On 09/12/2013, a sleep study was done which showed obstructive sleep apnea. He was only able to sleep 1.8 hours during the 4.8-hour test. His sleep efficiency was rated at 38%. It took him 135.5 minutes to fall asleep. During the test, he had 121 arousals and 2 awakenings. The neurologist's note of 09/03/2013 stated that the Axert was helping with his headaches. The notes further state that he had undergone numerous medication trials in an effort to decrease his unremitting pain. There were no requests for authorization found in the submitted records.

IMR ISSUES, DECISIONS AND RATIONALES

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

AXART 6.25MG TABLET ONCE A DAY PRN FOR 30 DAYS, DISPENSE 15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Axart.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter, Migraine pharmaceutical treatment, and Triptans.

Decision rationale: The Official Disability Guidelines state tht triptans, which includes axert, may be recommended for migraine sufferers are these medications have been found to be effective and well tolerated. The neurological note of 09/03/2013, attests to the previous efficacy of axert in this patient. However, more recent documentation failed to address use of axert, and more recent medication lists include imitrex, not axert. As such, this request for Axert 6.25 mg tablet once a day prn for 30 days, dispense 15 is not medically necessary and appropriate.

LUNESTA 3MG TABLET 1 EVERY NIGHT PRN FOR 20 DAYS, DISPENSE 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, Insomnia treatment.

Decision rationale: The request for Lunesta 3 mg tablet 1 every night prn for 20 days, dispense 30 is non-certified. The Official Disability Guidelines state that eszopicolone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. It is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. This worker had been using Lunesta for a long period of time. However, the most recent medication lists provided for review indicated the patient was using Ambien, not Lunesta, and there was no documentation of it having been effective. Therefore, this request for Lunesta 3 mg tablet 1 every night prn for 20 days, dispense 30 is non-certified.

DEXILANT 30MG CAPSULE, DELAYED RELEASE, ONE CAPSULE ONCE A DAY PRN FOR 30 DAYS, DISPENSE 30 CAPSULES: 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: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's, GI Symptoms & cardiovascular risk, page 68 Page(s): 68.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommend Proton Pump Inhibitors, which includes dexilant, for patients taking NSAIDs who are at moderate to high risk for gastrointestinal events. In this case, the patient was noted in the examination of 09/03/2013 to have heartburn when taking prescription medications for which he was taking prilosec, with no dosage listed. He does not have a diagnosis of heartburn, gastroesophageal

reflux disease (GERD), or damaged esophagus. There is no documentation in the submitted records of the prilosec being ineffective or other justification as to why dexilant is preferable. Therefore the request for Dexilant 30 mg capsule delayed release, one capsule once a day prn for 30 days, dispense 30 capsules, is not medically necessary and appropriate.