

Case Number:	CM13-0047083		
Date Assigned:	12/27/2013	Date of Injury:	12/27/2005
Decision Date:	05/23/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/04/2013

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 Family Medicine, and is licensed to practice in Arizona. 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 patient is a 64-year-old female with a date of injury on December 17, 2005. The injury resulted in left hip pain and bilateral knee pain. A second fall in December 22, 2012 resulted in a nasal fracture. Head CT without contrast on December 22, 2012 showed no traumatic intracranial injury. Subjective complaints are of headaches that have persisted. Headaches are reported to occur weekly, described as occipital with radiation to the forehead, with no associated focal neurologic features. These were described in March 2013 as post-traumatic, post-concussion headaches. There is no reported change in pattern, distribution or intensity in monthly notes that follow. Full neurologic examination in February 2013 was unremarkable. Monthly neurologic testing since February 2013 has been limited to lower extremities. Physical exam shows bilateral lower extremity hyperesthesia, numbness down the lateral legs in an S1 pattern distribution and swelling in bilateral knees with reduced flexion in knees and hip and reduced hip abduction. The worker has been treated with Naproxen sodium and Norco for pain, omeprazole for reported dyspepsia from naproxen and Norco. Patient appears to have been on Lunesta since February 2013. Functional improvement and pain relief are documented on medication regimen. Reduction of pain from 10/10 to 5/10 is reported with medication regimen, with documented improvement in activities of daily living (ADLs).

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN 550 MG, SIXTY COUNT: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-72.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend the use of nonsteroidal anti-inflammatory drugs for knee and hip at the lowest dose for the shortest period of time in patients with moderate to severe pain. Gastrointestinal and cardiovascular side effects, as well as hypertension, are concerns. Elevated blood pressure is a concern in patients with a history of hypertension. This patient has a history of hypertension, which has been monitored at office visits, and does not appear to be increasing. Response to medication regimen has been documented as providing relief and functional improvement. The request for Naproxen 550 mg, sixty count, is medically necessary and appropriate

OMEPRAZOLE 20MG, THIRTY COUNT: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and GI (gastrointestinal) Risk Page(s): 68-69.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, a proton pump inhibitor (PPI) or H2 blocker can be added to non-steroidal anti-inflammatory drug therapy if the patient is at an intermediate to high risk for adverse gastrointestinal events. The Chronic Pain Medical Treatment Guidelines identify the following as risk factors for GI events: age greater than 65, history of peptic ulcer, GI bleeding or perforation, use of acetylsalicylic acid (ASA), corticosteroids, anticoagulant use, or high dose NSAIDs. In the setting of dyspepsia, options are to stop or switch the NSAID or add a histamine-2 blocker or a proton pump inhibitor. For this patient, dyspepsia has been described secondary to medication use. The request for Omeprazole 20mg, thirty count, is medically necessary and appropriate

LUNESTA 3 MG, THIRTY COUNT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomnia Treatment Section.

Decision rationale: The ODG states that chronic insomnia may be correlated with other intrinsic sleep disorders, primary insomnia, or chronic medical condition and is more likely to occur in the elderly, depressed patients, and medically ill populations. Failure of sleep disturbance to resolve in a seven to ten day period may indicate a psychiatric and/or medical illness. The

Official Disability Guidelines also state that pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. The record shows no evaluation for cause of the worker's insomnia. The record shows a history of long-term insomnia treatment with no documentation of evaluation for cause. The request for Lunesta 3 mg, thirty count, is not medically necessary or appropriate