MAXIMUS Federal Services

Case Number:	CM14-0000612		
Date Assigned:	01/10/2014	Date of Injury:	07/29/2005
Decision Date:	06/13/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/02/2014

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 Practice 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 58 year old female who sustained an injury on 06/29/05. The injured worker has been followed for complaints of chronic low back pain with radiating pain to the lower extremities. Prior treatment has included the use of multiple medications as well as injections and radiofrequency ablation procedures. Medications have included the use of Gralise, Cymbalta, Naproxen, Lidoderm patches, Lunesta, Topamax, Norco, Pennsaid, and Omeprazole. The clinical report from 10/30/13 noted persistent pain in the low back radiating to the lower extremities which was worsened with range of motion of the lumbar spine and at the hips. The injured worker's pain was 7/10 on the VAS. The injured worker also described headaches as well as neck pain and knee pain. The injured worker did report approximately 80% improvement in symptoms in the lumbar spine following radiofrequency ablation procedures. Physical examination demonstrated tenderness to palpation in the left shoulder at the acromioclavicular joint. There was tenderness in the cervical and lumbar spines with positive Fabre's signs as well as Patrick maneuvers. There was tenderness to palpation over the lumbar facets from L3 to S1. Positive trigger points were identified. The recommendations were for additional radiofrequency ablation procedures and medications were continued at this visit. Follow up on 12/10/13 noted continuing symptoms in the low back radiating to the lower extremities as well as associated headaches, neck pain, knee pain, and shoulder pain. The injured worker did undergo recent radiofrequency ablation procedures on 12/04/13 which provided approximately 98% improvement in axial low back pain. Medications were unchanged at this visit. Physical examination noted continuing positive pain over the lumbar facets from L3 to S1 with positive Fabre's and Patrick's signs. Further orthopedic evaluations for the shoulder and knees were recommended. Medications were also continued at this visit. The requested Lunesta 3mg,

quantity 30 and Omeprazole 20mg, quantity 60 were both denied by utilization review on 12/30/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUNESTA 3MG, QHS #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Pain (Updated 11/14/13).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The clinical documentation submitted for review did not identify any specific sleep difficulties secondary to the patient's ongoing chronic pain which has benefitted from the use of Lunesta. No specifics regarding the benefit from Lunesta were noted in the most recent clinical evaluations for this patient. Given the lack of discussion regarding benefits obtained with Lunesta or persistent insomnia complaints secondary to chronic pain, the request is not medically necessry and appropriate.

OMEPRAZOLE 20MG BID #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The clinical documentation provided for review did not identify any specific gastrointestinal side effects that occurred with the injured worker's current oral medication regimen. There was also no documentation in the clinical record to support a diagnosis of gastroesophageal reflux disease which would support the use of a proton pump inhibitor. Without indications for the use of a proton pump inhibitor such as gastric side effects from medications or gastroesophageal reflux disease, the request is not medically necessary and appropriate.