

Case Number:	CM14-0159050		
Date Assigned:	10/02/2014	Date of Injury:	12/12/1999
Decision Date:	10/28/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/29/2014

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 Physical Medicine & 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:

According to the records made available for review, this is a 63-year-old male with a 12/12/99 date of injury. At the time (7/30/14) of request for authorization for Lunesta 3mg x 30 5, Pantoprazole 20mg x60 5, and Capsaicin 0.075% x2 5, there is documentation of subjective (chronic neck and back pain) and objective (not specified) findings, current diagnoses (status post cervical laminectomy and lumbar laminectomy), and treatment to date (medications (including ongoing treatment with Nabumetone-Relafen, Lunesta, Panatoprazole, and Capsaicin cream). Regarding Lunseta, there is no documentation of insomnia and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications because of Lunesta use to date. Regarding Pantoprazole, there is no documentation of risk for gastrointestinal event (high dose/multiple NSAID) and that Pantoprazole being used as a second-line therapy. Regarding Capsaicin, there is no documentation of post-herpetic neuralgia, diabetic neuropathy, or post-mastectomy pain; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications because of Capsaicin use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg x 30 5: 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 (ODG) Chronic Pain Chapter, Insomnia treatment. Other Medical Treatment Guideline or Medical Evidence

Decision rationale: MTUS does not address this issue. ODG states non-benzodiazepine sedative-hypnotics (Benzodiazepine-Receptor Agonists) are first-line medications for insomnia, which includes Eszopicolone (Lunesta). In addition, ODG identifies that Lunesta is the only Benzodiazepine-Receptor Agonist FDA approved for use longer than 35 days. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of Status Post Cervical Laminectomy and Lumbar Laminectomy. In addition, there is documentation of ongoing treatment with Lunesta. However, there is no documentation of insomnia. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications because of Lunesta use to date. Therefore, based on guidelines and a review of the evidence, the request for Lunesta 3mg x 30 5 is not medically necessary.

Pantoprazole 20mg x60 5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs) Other Medical Treatment Guideline or Medical Evidence

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, Corticosteroids, and/or an Anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and that Pantoprazole is being used as a second-line, as criteria necessary to support the medical necessity of Pantoprazole. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of status post cervical laminectomy and lumbar laminectomy. In addition, there is documentation of ongoing treatment with Pantoprazole. However, despite documentation of ongoing treatment with Nabumetone-Relafen, there is no documentation of risk for gastrointestinal event (high dose/multiple NSAID). In addition, there is no documentation that Pantoprazole is being used as a second-line therapy. Therefore, based on guidelines and a review of the evidence, the request for Pantoprazole 20mg x60 5 is not medically necessary.

Capsaicin 0.075% x2 5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Page(s): 28-29. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of post-herpetic neuralgia, diabetic neuropathy, or Post-Mastectomy pain, as criteria necessary to support the medical necessity of Topical Capsaicin in a 0.075% formulation. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of Status Post Cervical Laminectomy and Lumbar Laminectomy. In addition, there is documentation of ongoing treatment with Capsaicin. However, there is no documentation of documentation of post-herpetic neuralgia, diabetic neuropathy, or Post-Mastectomy pain. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications because of Capsaicin use to date. Therefore, based on guidelines and a review of the evidence, the request for Capsaicin 0.075% x2 5 is not medically necessary.