

Case Number:	CM14-0170888		
Date Assigned:	10/23/2014	Date of Injury:	06/22/2012
Decision Date:	11/21/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/16/2014

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, has a subspecialty in Interventional Spine Pain Management 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 patient is a 56 year old with an injury date on 6/22/12. Patient complains of continuing left shoulder pain with MRI showing osteoarthritic changes of AC joint and supraspinatus tendon tear per 8/19/14 report. Patient had an orthopedic consultation and was recommended an injection and physical therapy per 8/19/14 report. Based on the 8/19/14 progress report provided by [REDACTED] the diagnoses are: 1. Esophageal reflux 2. Chronic reflex esophagitis 3. Joint pain, localized in the left shoulder Exam on 8/19/14 showed "normal gait. Deep tendon reflexes intact, sensory exam normal, motor exam normal." No range of motion testing was included in reports. Patient's treatment history includes chiropractic treatments with minimal relief. [REDACTED] is requesting Lunesta 2mg #30, Omeprazole 20mg #60, and Paroxetine 20mg #30. The utilization review determination being challenged is dated 10/13/14. [REDACTED] is the requesting provider, and he provided a single treatment report from 8/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2mg #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 Chapter, Lunesta

Decision rationale: This patient presents with left shoulder pain. The provider has asked for Lunesta 2mg #30 on 8/19/14. Patient is currently taking Lunesta, but included documentation does not indicate how long patient has been taking Lunesta prior. Regarding Lunesta, ODG recommends for insomnia, as the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. A clinical trial showed significant improvement in sleep latency, wake after sleep onset, and total sleep time over 6 months of use. In this case, there is no documentation patient has insomnia. There is no discussion as to what Lunesta has done for this patient's sleep troubles and how long the patient has been on these. As documentation does not specify how long patient has been taking Lunesta, the requested Lunesta 2mg #30 is not indicated at this time. Therefore, this request is not medically necessary.

Omeprazole 20mg #60: 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 (Chronic) Proton pump inhibitors (PPIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI symptoms & cardiovascular risk, Medications for chronic pain Page(s): 69, 60, 61. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, for Prilosec

Decision rationale: This patient presents with left shoulder pain. The provider has asked for Omeprazole 20mg #60 on 8/19/14. Patient is currently taking Prilosec but included documentation does not indicate how long patient has been taking Prilosec prior. Regarding Prilosec, MTUS does not recommend routine prophylactic use along with NSAID. GI risk assessment must be provided. Current list of medications include an opioid. In this case, the patient has a diagnosis of acid reflux disease, and is taking an opioid, and a PPI would be indicated. There is a lack of documentation, however, regarding the effectiveness of Prilosec. Regarding medications for chronic pain, MTUS pg. 60 states provider must keep a record of pain and function. The requested Prilosec is not medically necessary in this case. Therefore, this request is not medically necessary.

Paroxetine 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medication for Chronic Pain Page(s): 60, 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Anxiety medications in chronic pain

Decision rationale: This patient presents with left shoulder pain. The provider has asked for Paroxetine 20mg #30 on 8/19/14. It is not known how long patient has been taking Paroxetine, but it is listed as one of current medications. Regarding antidepressants, MTUS recommends for neuropathic pain, and as a possibility for non-neuropathic pain. Regarding Paroxetine (Paxil) ODG recommends as second-line treatment (if SSRIs fail) for PD, SAD, OCD, and PTSD as well as major depressive disorder. There is insufficient documentation, however, regarding the effectiveness of Paroxetine in terms of functional improvement, quality of life change, or increase in activities of daily living. Regarding medications for chronic pain, MTUS pg. 60 states provider must keep a record of pain and function. The requested Paroxetine is not medically necessary in this case. Therefore, this request is not medically necessary.