

<b>Case Number:</b>	CM14-0172417		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	11/28/2012
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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 Occupational Medicine 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 provided documents, this is a 37-year-old male who was injured on 11/28/12. The records indicate that the mechanism of injury was that the patient was on top of a ladder in front of roll down door; the door was released prematurely and struck the patient in the back of the neck. He reportedly was temporarily blinded; he fell on top of the ladder but did descend the ladder. He had pain and weakness in the neck radiating into the upper back and bilateral upper extremities. Previous treatment has included multiple medications, diagnostic testing including MRI of the cervical spine. He has seen an orthopedist, a spine specialist and a psychologist. Lumbar surgery versus injections has been discussed. The psychologist is recommending a neuropsychological evaluation. He has also had a pain management consultation. This request was made in a PR-2 from 9/2/14. The disputed determinations being addressed are lansoprazole/flurbiprofen 100/10 mg #90 refills and Lunesta 1 mg #90. The utilization review denial date was on 10/1/14. The patient came under the care of the current requesting orthopedist physician on 7/29/14. That report indicates that he was started on flurbiprofen/omeprazole 100 mg/10 mg #90, 1 capsule 2-3 times a day. 3 refills were given. That report states that with NSAIDs cautions must be made in regards to increased G.I. adverse effects, that is why the omeprazole was combined with the formulation. Lunesta 1 mg #90, 2-3 tablets at bedtime with 3 refills were given. The comments were that this was a sedative used to treat insomnia; not to be used every night. That Doctors 1st Report of Injury mentioned no diagnosis of insomnia or subjective complaints of problems sleeping. There is no mention of any history of any gastrointestinal illnesses or any current gastrointestinal complaints. The PR-2 from 9/2/14, the current requesting report indicates that the patient is taking medications from another Dr., which is Prozac and Norco. Patient was not going to therapy, and was not working. There was constant neck pain, weakness in the right shoulder and arm to the hand, limited range of motion, and daily

headaches. There was low back pain and he was having difficulty with showering and taking care of himself. "He also indicates with sleeping due to the pain". Objectively there is mention of straight leg raises. No other objective findings were mentioned. Diagnoses are musculoligamentous sprain cervical spine with upper extremity radiculitis; musculoligamentous sprain lumbar spine with lower extremity radiculitis; head injury. The treatment plan stated that the patient required continuing palliative medications as they provide temporary relief from the physical symptoms of the injury. This prescription was for flurbiprofen/lansoprazole #90, 1 capsule 2-3 times a day. It stated that the lansoprazole (PPI) was combined in the formulation in regards to the statement that "cautions must be made in regards to increased G.I. adverse effects" referring back to the flurbiprofen. The Lunesta was not supposed to be used every night.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Flurbiprofen/Lansoprazole 100/10mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68; 71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, G.I. symptoms and cardiovascular risk, NSAIDs (nonsteroidal anti-inflammatory drugs) Pag.

**Decision rationale:** This medication combines the non-steroidal anti-inflammatory medication Flurbiprofen with the proton pump inhibitor lansoprazole. Proton pump inhibitors as a class are supported by MTUS guidelines for concurrent use with non-steroidal anti-inflammatory medications for patients who are at high risk for gastrointestinal side effects from their medications. There is no mention that the patient is at high risk for gastrointestinal side effects from the NSAIDs. The patient is less than 65. There is no history of peptic ulcer, GI bleeding or perforation. There is no concurrent use of ASA, corticosteroids, and/or an anticoagulant. There is no use of high dose/multiple NSAID. Therefore, based upon the evidence and the guidelines use of the lansoprazole is not supported. Therefore, this combination NSAID/PPI is not supported.

#### **Lunesta 1mg #90: 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, Eszopicolone (Lunesta)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines definitions, Page(s): 1.

**Decision rationale:** This is a sleeping aid also known as eszopicolone. MTUS guidelines do not specifically address sleeping aids or insomnia. ODG guidelines do address this class of medications. Regarding insomnia in general, ODG indicates that treatment should be based on etiology. In this case, the report suggests that the patient's problem with sleeping is his pain. Therefore, addressing the patient's nighttime pain 1st would be supported. There is no indication

that this has taken place. ODG guidelines indicate that the Lunesta is useful for reducing sleep latency and sleep maintenance. The patient was prescribed this medication on 7/29/14, #90 with 3 refills and was given a new prescription on 9/2/14, only about 5 weeks later. There was no mention of how many or how often the patient was using it at night, whether not the medication was effective and why he would need a new prescription at that point given that he had a prescription for 3 refills initially. There is no formal diagnosis of insomnia. Absent documentation of functional benefit, MTUS guidelines do not support continuing treatment which would include any prescription medication as well. The requesting report does not sufficiently document the medical necessity for continuing use of Lunesta. Therefore, based upon the evidence and the guidelines this is not approved.