

Case Number:	CM14-0032266		
Date Assigned:	04/11/2014	Date of Injury:	08/18/2006
Decision Date:	05/28/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/10/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 50-year-old who reported injury on 08/18/2006. The mechanism of injury was not provided. The injured worker's medication history included Colace, Lunesta, and a PPI as of 06/2013. The documentation of 01/22/2014 revealed the injured worker's pain was an 8/10. The injured worker had no new problems or side effects. The activity level was the same. The injured worker indicated he had not had any medications through Worker's Compensation since 11/20/2013 and was taking Tylenol and Motrin over the counter which was ineffective. The current medications were listed as Fioricet, Lunesta, Viagra, Colace, docusate sodium, Norco 10/325, Remeron, Prilosec 20 mg and Wellbutrin. Diagnosis was lumbar/lumbosacral disc degeneration. The treatment plan included chiropractic treatment, psychiatrist treatment, and medication referrals.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR LUNESTA 2MG #30 WITH 3 REFILLS: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter, Lunesta.

Decision rationale: Official Disability Guidelines indicate that Lunesta is not recommended for long-term use but it is recommended for short-term use. The clinical documentation submitted for review indicated the injured worker was utilizing the medication for greater than 6 months. There was a lack of documentation of objective functional benefit to support ongoing usage. Additionally, the request as submitted failed to indicate the necessity for 3 refills. The documentation failed to indicate a frequency. Given the above, the request for prescription for Lunesta 2 mg #30 with 3 refills is not medical necessity.

PRESCRIPTION FOR DOCUSATE SODIUM 250MG #60 WITH 1 REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MCKAY SL, FRAVEL M, SCANLON C. Management of constipation. Iowa City (ia): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation And Dissemination Core; 2009 Oct. 51 P.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiation Of Opioid Therapy Page(s): 77.

Decision rationale: California MTUS Guidelines recommend prophylactic treatment of constipation upon initiation of opioid therapy. The clinical documentation submitted for review failed to indicate the injured worker had signs and symptoms of constipation. There was lack of documentation of the efficacy of the requested medication. The clinical documentation indicated the injured worker had been utilizing the medication for greater than 6 months. There was lack of documentation indicating the need for 1 refill. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for prescription for docusate sodium 250 mg #60 with 1 refill is not medical necessity.

PRESCRIPTION OF PRILOSEC 20MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID), Gastrointestinal (G I) Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID)'s Page(s): 69.

Decision rationale: California MTUS Guidelines recommend Proton pump inhibitors (PPI's) for the treatment of dyspepsia secondary to Non-Steroidal Anti-Inflammatory Drugs (NSAID) therapy. The clinical documentation submitted for review indicated the patient injured worker had been utilizing the medication for greater than 6 months. There was lack of documentation of the efficacy of the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for prescription of Prilosec 20 #30 is not medically necessary.