

Case Number:	CM14-0044479		
Date Assigned:	07/02/2014	Date of Injury:	03/02/1998
Decision Date:	12/23/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/11/2014

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:

The applicant is an [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of March 2, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; and trigger point injection therapy. In a Utilization Review Report dated March 11, 2014, the claims administrator failed to approve requests for Nexium and Lunesta. Non-MTUS ODG Guidelines were invoked, including ODG's Drug Formulary, which apparently did not incorporate Nexium. The applicant's attorney subsequently appealed. In a January 16, 2014 progress note, the applicant reported ongoing complaints of chronic neck pain. The applicant also had issues with ancillary complaints of headaches, back pain, and thumb pain. The applicant was now off of methadone, it was suggested. The applicant had developed chronic constipation secondary to opioids and also developed gastritis secondary to usage of ibuprofen and opioids, it was further noted. Vicoprofen was prescribed. A trigger point injection was administered in the clinic setting. On November 13, 2013, the applicant was again given a trigger point injection and asked to continue Nexium. In a handwritten note dated December 18, 2013, it was suggested that the applicant was not working owing to ongoing pain complaints. Vicoprofen was renewed. There was no mention of the need for Lunesta on several office visits, referenced above, the majority of which failed to discuss the applicant's medication list.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta: 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), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section Page(s): 7. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Eszopiclone topic

Decision rationale: While the MTUS does not specifically address the topic of Lunesta usage, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that an attending provider incorporate some discussion of "efficacy of medications" into his choice of recommendations. Here, however, the attending provider did not state for how long the applicant had been using Lunesta, whether or not it had been effective, and for how long Lunesta was intended, going forward, in any of his progress notes referenced above, several of which were handwritten and difficult to follow. It is further noted that ODG's Mental Illness and Stress Chapter notes that Eszopiclone (Lunesta) is not recommended for long-term use purposes. Here, as noted previously, the duration of usage has not been specified. Therefore, the request is not medically necessary.

Nexium: 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), Proton pump Inhibitors

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section, NSAIDs, GI Symptoms, and Car.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Nexium are indicated in the treatment of NSAID-induced dyspepsia, as is reportedly present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the attending provider has refilled Nexium on at least two occasions, referenced above, without any explicit discussion of whether or not Nexium has, in fact, proven efficacious in reducing the applicant's issues with dyspepsia. Therefore, the request is not medically necessary.