

Case Number:	CM14-0074549		
Date Assigned:	07/16/2014	Date of Injury:	05/12/2011
Decision Date:	08/14/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/22/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 38-year-old female who reported an injury on 05/12/2011. The mechanism of injury was not provided within the medical records. The clinical note dated 05/22/2014 indicated diagnoses of neck pain, status post right shoulder arthroscopic surgery dated 02/21/2012, left shoulder pain, and bilateral hand and wrist pain. The injured worker reported shoulder pain, upper extremity pain, and neck pain. The injured worker reported she was still unable to sleep. She reported Lidoderm patches were significantly helpful. With medications, her pain was 4- 5/10 and without medications her pain was 8/10. The injured worker reported Motrin was not doing anything and her stomach had been okay. The injured worker reported she was working full time, but was struggling because she was unable to sleep. On physical examination, the injured worker was tender in the right upper trapezius in the area of the clavicle. However, range of motion to the right shoulder was fairly full. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The provider submitted a request for Lunesta and Prilosec. A Request for Authorization dated 04/23/2014 was submitted for Prilosec; however, a rationale was not provided for review. A Request for Authorization dated 05/08/2014 was submitted for Lunesta; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg, QTY: 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 Treatment in Workers' Compensation, 9th Edition (web): Non-benzodiazepine sedative-hypnotics, WebMD.com, Eszopiclone (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental and Stress, Lunesta.

Decision rationale: The request for Lunesta 3mg, QTY: 60 is not medically necessary. The Official Disability Guidelines state Lunesta is not recommended for long-term use, but recommended for short-term use. The guidelines also recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The injured worker reported use of Lunesta; however, there was a lack of documentation of the efficacy and functional improvement with the use of Lunesta. In addition, Lunesta is recommended short-term use. Also, it was not indicated if the injured worker had tried other first line treatments. Moreover, the request does not indicate a frequency. Therefore, the request for Lunesta is not medically necessary.

RETRO: Prilosec 20mg, QTY: 60 (DOS: 04/17/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain-NSAIDs, GI symptoms, and cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for Prilosec 20mg, QTY: 60 (DOS: 04/17/14) is not medically necessary. The CA MTUS guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term utilization of PPI (> 1 year) which has been shown to increase the risk of hip fracture. The documentation submitted did not indicate the injured worker had findings that would support she was at risk for gastrointestinal bleeding or perforation. The injured worker did indicate she was taking Motrin and Norco, which contains acetaminophen. However, the request did not indicate a frequency for this medication. Therefore, the request for Prilosec is not medically necessary.