

Case Number:	CM14-0081596		
Date Assigned:	07/18/2014	Date of Injury:	07/02/2008
Decision Date:	09/19/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/02/2014

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 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 injured worker is a 38-year male who reported an injury on 07/02/2008. The mechanism of injury was not provided. On 04/14/2014, the injured worker presented with neck and upper left extremity pain. Upon examination, the injured worker was well developed and well nourished, and alert and oriented in no acute distress. Prior therapy included injections and medications. Current medications included Imitrex, Lunesta, Cymbalta, oxycodone, Dexilant, Dulcolax, and hydrocodone. The provider recommend Imitrex, Lunesta, and Dexilant. The provider's rationale was not provided. The Request for Authorization was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Imitrex 100 mg. tablet 1-2 tablets per day as needed QTY: 12 with 2 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 (ODG): Head Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRI (selective serotonin reuptake inhibitors Page(s): 107.

Decision rationale: The request for Imitrex 100 mg. tablet 1-2 tablets per day as needed QTY: 12 with 2 Refills is not medically necessary. The California MTUS does not recommend the use of an SSRI as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRI) is a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline and are controversial based on controlled trials. There is lack of documentation in the medical records submitted of signs and symptoms or a diagnosis of depression. The guidelines do not recommend SSRIs as treatment for chronic pain. There is lack of exceptional factors provided in the documentation submitted to support proving outside the guideline recommendations. As such, the request is not medically necessary.

Lunesta 3 mg. tablet One at night as needed QTY: 30 with 1 Refill: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Esopicolone (Lunesta).

Decision rationale: The request for Lunesta 3 mg. tablet One at night as needed QTY: 30 with 1 Refill is not medically necessary. Official Disability Guidelines do not recommend Lunesta for long term use. Use of hypnotics is limited to 3 weeks maximum in the first 2 months of injury only, and is discouraged used in the chronic phase. While sleeping pills, so called minor tranquilizers and antianxiety agents are commonly prescribed in chronic pain, pain specialists rarely 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 FDA lowered the recommended starting dose of Lunesta from 2 mg to 1 mg for both men and women. Previously recommended doses can impair driving skills, memory, and coordination as long as 11 hours after the drug is taken. The injured worker is in the chronic phase of injury, additionally, the provider's recommendation for 3 mg of Lunesta exceed the FDA recommended starting dose of 1 mg. The efficacy of the prior use of Lunesta has not been established. As such, the request is not medically necessary.

Dexilant 30 mg. Capsule, Delayed Release (DR) QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs), Gastrointestinal symptoms and cardiovascular risks Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter, Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: The request for Dexilant 30 mg. Capsule, Delayed Release (DR) QTY: 30 is non-certified. According to California MTUS Guideline, proton pump inhibitors may be recommended for injured workers with dyspepsia secondary to NSAID therapy or for those taking NSAID medications who are at moderate to high risk for gastrointestinal events. There is lack of a complete and adequate pain assessment in the medical records provided. Additionally, the injured worker is not at moderate to high risk for gastrointestinal events, nor does the injured worker have a diagnosis concurrent with the guideline recommendation for a proton pump inhibitor. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.