

Case Number:	CM14-0209805		
Date Assigned:	12/22/2014	Date of Injury:	07/10/2009
Decision Date:	02/24/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabn, Neuromuscular Medicine

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 patient is a 38 year old male with a work injury dated 7/10/09. The diagnoses include lumbago, lumbosacral neuritis, internal derangement knee. Under consideration are requests for Omeprazole Delayed release 20mg QTY 120 and Eszopiclone (Lunesta) 1mg QTY: 30. An 11/12/14 progress note states that the patient complains that there is constant pain in the low back that is aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing, walking multiple blocks. The pain is characterized as sharp. There is radiation of pain into the lower extremities. The patient's pain is unchanged. On a scale of 1 to 10, the pain is a 7. There is constant pain in the right knee that is aggravated by squatting, kneeling, ascending and descending stairs, walking multiple blocks, prolonged standing. The patient admits to some swelling, popping, and buckling. The pain is characterized as throbbing. The patient's pain is unchanged. On a scale of 1 to 10, the pain is a 5. The physical exam revealed that the gait is intact. The lumbar spine revealed palpable paravertebral tenderness with spasm. There is guarded and restricted lumbar range of motion. There is normal strength, sensation and balance. The knee reveals joint line tenderness, There is a positive patella grind and test. There is a positive McMurray test and a negative anterior drawer and pivot shift test. There is normal quadriceps and hamstring strength. The treatment plan included a refill of the medications which are helpful. There is a request for aqua therapy for the lumbar spine. There is a request for authorization for Fenoprofen 400mg 120mg TID; Omeprazole 20mg; Cyclobenzaprine, Eszopiclone. A 4/29/13 progress note revealed that the patient was on Protonix and to avoid all NSAIDS for gastropathy related to medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole Delayed - Release 20mg qty: 120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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): 68-69.

Decision rationale: Omeprazole Delayed - Release 20mg qty: 120 is medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The states that the NSAID Fenoprofen has been prescribed at a dose of 400mg three times a day and there is evidence of gastropathy in the past due to NSAIDs. The request for Omeprazole delayed release 20mg qty 120 is medically necessary.

Eszopiclone (Lunesta) 1mg qty: 30: 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), Work Loss Data Institute, Pain (Chronic) update 11/21/2014, Insomnia Treatment

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

Decision rationale: Eszopiclone (Lunesta) 1mg qty: 30 is not medically necessary per the ODG. The MTUS does not address Lunesta or insomnia. The ODG states that Lunesta is not recommended for long-term use, but recommended for short-term use. The ODG recommends limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. The documentation indicates that the patient has been on prior medications for insomnia. The current request exceeds the recommended three week maximum time frame for prescribing hypnotics per the ODG. Therefore, this medication is not medically necessary.