

Case Number:	CM15-0002208		
Date Assigned:	01/29/2015	Date of Injury:	11/29/2010
Decision Date:	03/18/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/06/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 33 year old male, who sustained an industrial injury on November 29, 2010. He has reported low back pain. The diagnoses have included lumbar degenerative disc disease (DDD), spinal stenosis, myalgia and myositis and thoracic and lumbosacral neuritis. Treatment to date has included paraffin wax baths, Transcutaneous Electrical Nerve Stimulation (TENS) unit, and acupuncture, and physical therapy, topical and oral medication. Currently, the IW complains of back pain, depression and sleep disturbance. Treatment includes Transcutaneous Electrical Nerve Stimulation (TENS) unit and oral medication. On 11/15/14, the claimant was noted to get 4-5 hours of sleep at night with tossing and turning. On December 17, 2014 utilization review non-certified a request for retrospective (DOS 11/15/14) (1) prescription of Omeprazole 20mg #60, retrospective (DOS 11/15/14) (1) prescription of Gabapentin 100mg #30 with 1 refill and retrospective (DOS 11/15/14) (1) prescription of Eszopiclone 1mg #30. The Medical Treatment Utilization Schedule (MTUS) guidelines were utilized in the determination. Application for independent medical review (IMR) is dated January 2, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS 11/15/14) (1) Prescription of Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines proton pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant had been on NSAIDS for several months in combination with Omeprazole which contributed to gastric symptoms but there were no acute GI events. Therefore, the continued use of Omeprazole is not medically necessary.

Retrospective (DOS 11/15/14) (1) Prescription of Gabapentin 100mg #30 with 1 refill:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

Decision rationale: According to the guidelines, Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Gabapentin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does not have the stated conditions approved for Gabapentin use. Gabapentin is not medically necessary.

Retrospective (DOS 11/15/14) (1) Prescription of Eszopiclone 1mg #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, Mental Illness & Stress

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

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Eszopiclone (Lunesta) has demonstrated reduced sleep latency and

sleep maintenance. It's the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. In this case, the etiology of the sleep disturbance was not defined. Failed attempts at behavioral and lifestyle modifications were not mentioned. The request for Eszopicolone is not justified and therefore not medically necessary.