

<b>Case Number:</b>	CM15-0007050		
<b>Date Assigned:</b>	01/23/2015	<b>Date of Injury:</b>	06/15/2006
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 67-year-old male who reported an injury on 06/15/2006. His mechanism of injury was reportedly from repetitive use and he was thus diagnosed with chronic right shoulder pain, cervical neck pain, and is status post right shoulder arthroscopy. He had been utilizing diclofenac sodium and omeprazole with additional therapies including topical medications and surgery. The injured worker reported experiencing nausea secondary to medication use in regards to his pain management. He further indicated having chronic issues with his neck and necessitated sleeping aids. On examination, he reported tenderness to the right shoulder described as a deep, achy pain with no atrophy identified. His range of motion was slightly decreased at 9 to 160 degrees. Strength was normal and sensation was intact. He was placed on full duty with no restrictions as of 12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Tablets of Lunesta 2mg:** 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 Index, 11th Edition (web), 2014, Mental Illness & Stress, Eszopicolone (Lunesta).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain chapter and Mental and Illness Chapter, Eszopicolone (Lunesta).

**Decision rationale:** According to the Official Disability Guidelines, Lunesta is not intended for long term use. The guidelines further indicate that 3 weeks is the maximum for intake of hypnotics and discourages the use in the chronic phase. The injured worker has been utilizing this medication for several weeks and will now be considered to be utilizing this in the chronic phase which is discouraged. With no recent clinical examinations provided for review to indicate that the injured worker further necessitates a sleep aid and has had sufficient response to the previous use of the Lunesta, ongoing use is not supported and is non-certified.

**60 capsules of Omeprazole 20mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Page(s): 67-73.

**Decision rationale:** The California MTUS Guidelines indicate that omeprazole is indicated for injured workers at risk for gastrointestinal events with no cardiovascular disease. The most recent clinical documentation did not indicate that the injured worker had any GI issues, whether medication induced or as a stand alone symptom to necessitate the use of the proton pump inhibitor. Therefore, the request could not be supported and is non-certified.

**60 tablets of Diclofenac Sodium 100mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**Decision rationale:** Under the California MTUS Guidelines, NSAIDs are intended only for short term use. The injured worker had been utilizing this medication since at least 12/2014, with the indication that at that time it was being refilled. The guidelines recommend that injured workers have their blood pressure taken at each office visit while utilizing NSAIDs to assess for any potential side effects. There were no vital signs taken on the date of the injured worker's most recent examination to confirm that he was having no adverse effects from the ongoing use of the NSAIDs. Therefore, the request cannot be supported and is non-certified.