

Case Number:	CM15-0101470		
Date Assigned:	06/03/2015	Date of Injury:	12/03/2014
Decision Date:	07/09/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/27/2015

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

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 57 year old female, who sustained an industrial injury on 12/3/14. She reported right knee pain after getting out of her car and feeling a popping sensation. The injured worker was diagnosed as having right knee tear and acid reflux. Treatment to date has included a TENs unit, acupuncture, knee brace and a right knee MRI on 1/28/15. Current medications include Lunesta 2mg (since 2/25/15), Omeprazole, Diclofenac and LidoPro cream. As of the PR2 dated 5/6/15, the injured worker reports 2/10 pain in the right knee. She indicated that she is working, but her pain increases at night and interrupts her sleep. Objective findings include an antalgic gait and tenderness to palpation. The treating physician recommended increasing Lunesta to 3mg at night. The treating physician requested Lunesta 1mg #30, Lunesta 2mg #30, Omeprazole 20mg #60 and Diclofenac 100mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 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 (ODG); Pain (updated 4/30/15), Online Version, Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Mental & Stress Chapter, Eszopicolone (Lunesta).

Decision rationale: The patient presents with right knee pain rated 2/10. The request is for Lunesta 1mg #30. The request for authorization is not provided. Physical examination reveals tenderness to palpation. No obvious restriction with range of motion. Patient is to continue acupuncture as it is calming pain some. TENS is helpful. Increased pain at night interrupts sleep. Patient's medications include Diclofenac, Omeprazole, Lunesta and LidoPro cream. Per progress report dated 05/06/15, the patient is returned to modified work. ODG-TWC, Mental & Stress Chapter states: "Eszopicolone (Lunesta): Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase... The FDA has lowered the recommended starting dose of eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women." Treater does not specifically discuss this medication. The patient has been prescribed Lunesta since at least 02/25/15. However, the treater does not document or discuss its efficacy and how it has been or is to be used. Furthermore, the request for additional Lunesta #30 would exceed MTUS recommendation and does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.

Lunesta 2mg #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); Pain (updated 4/30/15), Online Version, Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Mental & Stress Chapter, Eszopicolone (Lunesta).

Decision rationale: The patient presents with right knee pain rated 2/10. The request is for Lunesta 2mg #30. The request for authorization is not provided. Physical examination reveals tenderness to palpation. No obvious restriction with range of motion. Patient is to continue acupuncture as it is calming pain some. TENS is helpful. Increased pain at night interrupts sleep. Patient's medications include Diclofenac, Omeprazole, Lunesta and LidoPro cream. Per progress report dated 05/06/15, the patient is returned to modified work. ODG-TWC, Mental & Stress Chapter states: "Eszopicolone (Lunesta): Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase... The FDA has lowered the recommended starting dose of eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women." Per progress report dated 05/05/15, treater's reason for the request is "Increase lunesta 3 mg for sleep." The patient has been prescribed Lunesta since at least 02/25/15. However, the treater does not document or discuss its efficacy. Furthermore, the request for additional Lunesta #30 would exceed MTUS recommendation and does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & cardiovascular risk Page(s): 68 and 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with right knee pain rated 2/10. The request is for omeprazole 20mg #60. The request for authorization is not provided. Physical examination reveals tenderness to palpation. No obvious restriction with range of motion. Patient is to continue acupuncture as it is calming pain some. TENS is helpful. Increased pain at night interrupts sleep. Patient's medications include Diclofenac, Omeprazole, Lunesta and LidoPro cream. Per progress report dated 05/06/15, the patient is returned to modified work. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk,: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Treater does not specifically discuss this medication. The patient has been prescribed Omeprazole since at least 02/18/15. In this case, treater has not documented GI assessment to warrant a prophylactic use of a PPI. Additionally, treater has not indicated how the patient is doing, what gastric complaints there are, and why she needs to continue. Therefore, the request is not medically necessary.

Diclofenac 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67, 68 and 71.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) Chapter, under Diclofenac.

Decision rationale: The patient presents with right knee pain rated 2/10. The request is for diclofenac 100mg #60. The request for authorization is not provided. Physical examination reveals tenderness to palpation. No obvious restriction with range of motion. Patient is to continue acupuncture as it is calming pain some. TENS is helpful. Increased pain at night interrupts sleep. Patient's medications include Diclofenac, Omeprazole, Lunesta and LidoPro cream. Per progress report dated 05/06/15, the patient is returned to modified work. ODG-TWC, Pain (Chronic) Chapter, under Diclofenac states: "Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients, as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. For a patient who has a 5% to 10% risk of having a heart attack, that is a significant increase in absolute risk, particularly if there are other drugs that don't seem to have that risk. For people at very low risk, it may be an option. (McGettigan, 2011)" Treater does not specifically discuss this medication. The patient is prescribed Diclofenac since at least

02/18/15. Given patient's diagnosis and continued symptoms, MTUS supports the use of NSAIDs. However, ODG supports Diclofenac when other NSAIDs have failed and the patient is at a very low risk profile. There is no evidence in provided medical records that other NSAIDs have been trialed and failed, nor has treater addressed patient's risk profile. The request is not in accordance with guidelines. Therefore, the request is not medically necessary.