

<b>Case Number:</b>	CM15-0104790		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	05/09/2013
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 39-year-old who has filed a claim for chronic low back pain (LBP) with derivative complaints of depression reportedly associated with an industrial injury of May 9, 2013. In a Utilization Review report dated May 21, 2015, the claims administrator failed to approve requests for Lexapro, Ultracet, Lunesta, and Protonix. A RFA form dated May 17, 2015 and associated progress notes of May 6, 2015 and April 8, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On said May 6, 2015 progress note, the applicant reported ongoing complaints of low back pain, 8/10, aggravated by activities as basic as sitting and walking. The applicant also reported issues with depression, reduced energy, fatigue, malaise, and lack of concentration. The applicant's gastrointestinal review of systems was negative for heartburn, it was reported. The applicant was using Flexeril, Lexapro, Ultracet, Lunesta, LidoPro, and Omeprazole; it was stated in one section of the note. At the bottom of the report, the attending provider stated that Protonix, Ultracet, Lunesta, and LidoPro were endorsed. The applicant was placed off of work, on total temporary disability. The diagnoses list included chronic low back pain, myalgias and myositis of various body parts, and major depressive disorder (MDD). The applicant was not a surgical candidate, it was stated. In an April 9, 2015 progress note, the attending provider sought authorization for a functional restoration program (FRP). On March 10, 2015, the applicant was given refills of Lexapro and Lunesta. On February 9, 2015, the applicant again reported 8/10 low back pain. The applicant stated that his pain complaints were severe. Somewhat incongruously, the treating provider stated that the applicant's medications were helping. The applicant's quality of sleep, however,

was poor. The applicant's GI review of systems was again described as negative. Lexapro, LidoPro, Topamax, Lunesta, Ultracet, and Flexeril were renewed and/or continued while the applicant was placed off of work, on total temporary disability.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Lexapro 10mg tab #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** The request for Lexapro, a SSRI antidepressant, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that it often takes weeks for antidepressants to exert their maximal effect, here, however, the applicant had been using Lexapro, an SSRI antidepressant, for a minimum of several months. The applicant had, however, failed to respond favorably to the same. On May 6, 2015, the applicant reported issues with irritability, poor concentration, easy fatigability, and poor energy levels. The applicant was off of work, on total temporary disability. The applicant was having difficulty sleeping; it was reported on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Lexapro. Therefore, the request for continued usage of the same was not medically necessary.

#### **Ultracet tab 37.5-325mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** The request for Ultracet, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, as of the date of the request, May 6, 2015. The applicant did report pain complaints as high as 8/10 on that date. Activities of daily living as basic as sitting, standing, and walking remained problematic; it was noted at that point. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Ultracet. Therefore, the request was not medically necessary.

**Lunesta 1mg tab #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 Chapter; <http://www.drugs.com/lunesta.html>; <http://www.lunesta.com/PostedApprovedLabelingText.pdf>.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Mental Illness & Stress, Eszopicolone (Lunesta).

**Decision rationale:** The request for Lunesta was likewise not medically necessary, medically appropriate, or indicated here. ODG's Mental Illness and Stress Chapter Eszopiclone topic notes that Lunesta is not recommended for chronic or long-term use purposes but, rather, should be reserved for short-term use purposes. Here, however, the request was framed as a renewal or extension request for Lunesta. Continued usage of the same, thus, represented treatment which ran counter to ODG principles and parameters. The MTUS Guideline in ACOEM Chapter 3, page 47 further stipulates that an attending provider incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, ongoing usage of Lunesta seemingly failed to ameliorate the applicant's issues with sleep disturbance. The applicant was described as having issues with easy fatigability and poor sleep as of the May 6, 2015 progress note in which Lunesta was renewed. Continued usage of Lunesta, thus, ran counter to both ACOEM and ODG principles and parameters. Therefore, the request was not medically necessary.

**Pantoprazole 20mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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

**Decision rationale:** The request for Pantoprazole (Protonix) was likewise not medically necessary, medically appropriate, or indicated here. Page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Protonix (pantoprazole) are indicated in the treatment of NSAID induced dyspepsia, here, however, there was no mention of the applicant's having any active issues or symptoms of reflux, heartburn, and/or dyspepsia, either NSAID induced or stand-alone, on the May 6, 2015 progress note on which Protonix was endorsed. Therefore, the request was not medically necessary.