

Case Number:	CM15-0109867		
Date Assigned:	06/16/2015	Date of Injury:	09/04/2000
Decision Date:	07/17/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/08/2015

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 45 year old female who sustained an industrial injury on 09/04/2000. Current diagnoses include lumbar disc protrusion L5-S1 with right lumbar radiculitis and status post IDET procedure, L5-S1 on 09/2004. Previous treatments included medications, IDET procedure, physical therapy, massage therapy, and home exercise program. Initial injuries sustained included the low back pain with radiation to the right leg. Report dated 02/17/2015 (AME) noted that the injured worker presented with complaints that included continuous lumbar spine pain with pain referral to the right foot, cramping sensation in the right thigh and calf, and now experiencing cramping in the left thigh. Current medications include Norco, gabapentin, tizanidine, magnesium, and Pepcid. Medical history notes that the injured worker has a history of peptic ulcer disease. Pain level was not included. Physical examination was positive for tenderness in the lumbosacral junction and left greater than right paralumbar area, both buttocks are tender, right greater trochanter is tender with tenderness over the lateral aspect of the right thigh, left thigh is non-tender, Achilles reflexes are absent bilaterally, straight leg raise is positive bilaterally, and sensory loss is present in the right foot and right calf. Of note there were no recent medical records submitted. Disputed treatments include eszopiclone and omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopicolone 1mg per 04/13/15 order, quantity:1: Overturned

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 02/10/15) - Online Version: Insomnia treatment, Eszopicolone (Lunesta).

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: This patient presents with chronic low back pain with radiation of pain to the right leg. The current request is for Eszopicolone 1mg per 04/13/15 order, quantity: 1. The RFA is dated 05/07/15. Previous treatments included medications, IDET procedure, physical therapy, massage therapy, and home exercise program. 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." Current medications include Omeprazole, Norco, gabapentin, tizanidine, magnesium, and Pepcid. This appears to be an initial request as prior reports do not discuss this medication. The current request is for "quantity: 1" and given the patient's chronic pain which can be associated with sleep disturbances, a trial of this medication is reasonable. The request IS medically necessary.

Omeprazole 20 mg, per 04/13/15 order, quantity: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestinal) Symptoms & Cardiovascular Risk Page(s): 68-69.

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

Decision rationale: This patient presents with chronic low back pain with radiation of pain to the right leg. The current request is for Omeprazole 20 mg, per 04/13/15 order, quantity: 60. The RFA is dated 05/07/15. Previous treatments included medications, IDET procedure, physical therapy, massage therapy, and home exercise program. 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." According to the treating physician, the patient suffers from peptic ulcer disease. In this case, the patient is not on oral NSAID to indicate prophylactic use of PPI according to guidelines. In addition, the patient has been taking this medication at least for 2 months, and the treater does not discuss why this medication should be continued. Therefore, this request IS NOT medically necessary.

