

<b>Case Number:</b>	CM15-0017736		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	07/21/1995
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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 54-year-old male who reported an injury on 07/21/1995. The mechanism of injury was not provided. The injured worker's medications included Lyrica, Lunesta, and omeprazole as of 07/2014. The injured worker underwent an MRI of the lumbar spine. The injured worker had a posterior laminectomy at L4-5 and L5-S1. The injured worker underwent a CT of the lumbar spine. The injured worker was noted to undergo urine drug screens. The documentation of 12/18/2014 revealed the injured worker had radiating low back pain. The pain radiated to the bilateral legs. The injured worker indicated he had no new problems or side effects. The quality of sleep was poor. The injured worker indicated the medications were working well and the side effects included sweating, which was managed with Hytrin. The injured worker denied GI upset or nausea. The injured worker had been treated with 12 sessions of physical therapy. The current medications included omeprazole 20 mg 1 twice a day, Lunesta 3 mg 1 at bedtime as needed, and Lyrica 200 mg 1 twice a day. The physical examination revealed decreased range of motion due to pain. The injured worker had a positive straight leg raise bilaterally in the supine position and tenderness over the sacroiliac spine. The injured worker had a knee jerk reflex on the left of 1/4. The injured worker had decreased sensation over the lateral foot, medial foot, lateral calf, anterior thigh, and medial thigh bilaterally. The diagnoses included spinal/lumbar DJD, post lumbar laminectomy syndrome, piriformis syndrome, and lumbar radiculopathy. The treatment plan included medications, including omeprazole to address GI upset secondary to medication use, and Lunesta for insomnia. The injured worker reported 5 hours of uninterrupted sleep versus 1 to 2 hours of fragmented sleep

without the medication. The injured worker was noted to have been on the medication for 4 years. In regard to Lunesta, the injured worker indicated he could stand and sit longer than 10 minutes to greater than 30 minutes. The injured worker had been on the medication for the past 3 years. The injured worker indicated it reduced sharp pain in his legs. There was no Request for Authorization submitted for review.

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

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

**Lyrica 200 mg capsule take 1 twice daily Qty 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend antiepilepsy medications as a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50%, and documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had objective functional improvement. However, there was a lack of documentation of 30% to 50% pain relief. Given the above, the request for Lyrica 200 mg capsule take 1 twice daily qty 60 is not medically necessary.

**Omeprazole (brp) 20 mg #60 (dispense) take 1 twice daily Qty 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker did not have GI upset and that the medications were being prescribed for GI upset. There was a lack of clarification to support whether the injured worker had the symptoms and whether the medications were effective, if he did. Given the above and the lack of clarification, the request for omeprazole (brp) 20 mg #60 (dispense) take 1 twice daily qty 60 is not medically necessary.

**Lunesta 3 mg tablet take 1 at bedtime as needed Qty 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, Eszpicolone (Lunesta).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Eszopicolone (Lunesta).

**Decision rationale:** The Official Disability Guidelines indicate that Lunesta is recommended for short term use. The documentation indicated the injured worker had utilized the medication for an extended duration of time and had objective benefit. However, there was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for Lunesta 3 mg tablet take 1 at bedtime as needed qty 30 is not medically necessary.