

Case Number:	CM15-0163420		
Date Assigned:	08/31/2015	Date of Injury:	01/02/1999
Decision Date:	09/30/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/20/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 58 year old female sustained an industrial injury to the neck, shoulder and back on 1-2-99. In the most relevant documentation submitted for review, a progress note dated 2-2-15, the injured worker complained of neck pain with radiation to the right upper extremity, headaches, right shoulder pain, low back pain with radiation to bilateral lower extremities and bilateral knee pain. The injured worker also complained of night sweats and sleeping difficulty but denied abdominal pain, indigestion, heart burn, nausea or vomiting, vomiting of blood, frequent constipation or stomach ulcer. The physician noted that magnetic resonance imaging lumbar spine showed osteophyte complex at L3-4 and L4-5 with foraminal narrowing and annular fissure with disc protrusion at L5-S1. Magnetic resonance imaging cervical spine showed multilevel disc bulges and osteophytes with degenerative arthritis of the cervical spine. Physical exam was remarkable for cervical spine with tenderness to palpation and limited range of motion, tenderness to palpation over bilateral occipital nerves, lumbar spine with tenderness to palpation, spasms and positive provocation test, tenderness to palpation to the right shoulder with limited range of motion and tenderness to palpation to bilateral knees with degenerative changes and deformity. Current diagnoses included lumbar spine radiculitis, cervicgia, shoulder joint pain, lumbago, lower leg joint pain, lumbar spine degenerative disc disease, brachial neuritis, cervical disc disease and myalgia and myositis. Past medical history was significant for hypertension. The treatment plan included a series of 5 Synvisc joint injections in the right knee and continuing medications (Norco, Fexmid, Protonix, Sonata and topical compound creams).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Pantoprazole 20mg #30 (DOS: 08/14/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter (Online Version), Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI
Page(s): 68.

Decision rationale: According to the MTUS guidelines, Pantoprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Pantoprazole is not medically necessary.

Retrospective: Zaleplon 10mg #30 (DOS: 07/21/2014): 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, Online Version, Insomnia Treatment, MedicineNet.Com, Zaleplon.

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 and pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zaleplon is a non-benzodiazepine insomnia medication. The claimant had been on the medication for months. Long term use is not indicated. The etiology of the sleep disturbance was not defined. Sleep difficulties were likely due to pain. The Zaleplon on 7/21/14 is not medically necessary.