

<b>Case Number:</b>	CM15-0164034		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	06/05/2010
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Tennessee, Florida, Ohio  
 Certification(s)/Specialty: Surgery, Surgical Critical Care

### 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 36 year old female with an industrial injury dated 06-05-2010. A review of the medical records indicates that the injured worker is undergoing treatment for impingement syndrome, acromioclavicular joint (AC) involvement with bicipital tendonitis; and weight gain, sleep disorder and depression due to chronic pain and inactivity. Treatment consisted of diagnostic studies, prescribed medications, two injections, 24 physical therapy sessions, hot and cold wrap, transcutaneous electrical nerve stimulation (TENS) unit, and periodic follow up visits. Medical records (3-26-2015 to 07-06-2015) indicate persistent right shoulder pain. The treating physician reported that the right shoulder MRI revealed bursal sided fraying of the supraspinatus. Records (4-29-2015) indicate that the injured worker takes medications to be functional. In a progress report dated 06-01-2015, the injured worker reported right shoulder pain, stiffness, difficulty sleeping, and difficulty with overhead reaching. Objective findings (06-01-2015) revealed tenderness along the right shoulder, positive impingement and Hawkin's sign. Objective findings (07-06-2015) revealed symptomatic acromioclavicular joint (AC) with cross arm test and weakness to resisted function. The treatment plan consisted of diagnostic studies, medical supplies and medication management. The treating physician prescribed Nalfon 400mg #60, Protonix 20mg #60, Lunesta 2mg #30, and Flexor 7.5mg #60, now under review. Utilization Review determination on 07-22-2015, non-certified the request for Nalfon 400mg #60, Protonix 20mg #60, Lunesta 2mg #30, and Flexor 7.5mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nalfon 400mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk, NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of treatment of this medication for this patient. The California MTUS guidelines address the topic of NSAID prescriptions by stating, "A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics." The MTUS guidelines do not recommend routine use of NSAIDs due to the potential for adverse side effects (GI bleeding, ulcers, renal failure, etc). The medical records do not support that the patient has a contraindication to other non-opioid analgesics. Therefore, the request is not medically necessary.

**Protonix 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of the requested prescription for this patient. The clinical records submitted do not support the fact that this patient has refractory GERD resistant to H2 blocker therapy or an active h. pylori infection. The California MTUS guidelines address the topic of proton pump prescription. In accordance with California MTUS guidelines, PPI's (Proton Pump Inhibitors) can be utilized if the patient is concomitantly on NSAIDs and if the patient has gastrointestinal risk factors. This patient is not on NSAIDs. Additionally, per the Federal Drug Administration's (FDA) prescribing guidelines for Nexium use, chronic use of a proton pump inhibitor is not recommended due to the risk of developing atrophic gastritis. Short-term GERD symptoms may be controlled effectively with an H2 blocker unless a specific indication for a proton pump inhibitor exists. This patient's medical records do not support that they have GERD. Furthermore, the patient has no documentation of why chronic PPI therapy is necessary. The patient is not documented to be refractory to H2 blocker therapy and he has no medical records that indicate an active h. pylori infection. Therefore, based on the submitted medical documentation, the request for Protonix prescription 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, Insomnia treatment, Lunesta.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Lunesta & Zolpidem.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of this medication. Per the Official Disability Guidelines (ODG), "Lunesta is not recommended for long-term use." The clinical records submitted do support the fact that this patient has a remote history of insomnia. However, the records do not support the long term use of this medication for that indication. Specifically, the patient's most recent clinical encounters do not document signs or symptoms of current insomnia. Lunesta is not indicated for the treatment of chronic pain resulting in insomnia. Therefore, based on the submitted medical documentation, the request for Lunesta is not medically necessary.

**Flexor 7.5mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. In accordance with the California MTUS guidelines, Cyclobenzaprine is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic back pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. This patient has been diagnosed with chronic pain secondary to impingement syndrome and AC joint pain. Although the patient has had multiple failed medications for pain, per MTUS, the use of a muscle relaxant is not indicated. Therefore, based on the submitted medical documentation, the request for Flexor is not medically necessary.