

Case Number:	CM15-0167052		
Date Assigned:	09/04/2015	Date of Injury:	04/02/2012
Decision Date:	10/09/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/24/2015

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 47-year-old female with an industrial injury dated 04-02-2012. Her diagnoses included status post coccygectomy, right hip internal derangement (status post right hip arthroscopy), right shoulder impingement, major depression, gastroesophageal reflux disease and recurrent severe right sacroiliitis. Prior treatment included right sacroiliac joint injection which provided 70-80% relief for two days, physical therapy, trigger point injection and medications. He presents on 07-14-2015 with complaints of low back pain and right shoulder pain. Physical exam revealed tenderness to palpation of the right sacroiliac joint. There was persistent right groin pain and residual moderate right quadriceps weakness and atrophy. Patrick's test was positive on the right. Her medications included Lunesta, Percocet, Valium, Protonix and Terocin patches. The treatment plan included physical therapy and medications. Percocet (was not helping) was discontinued and Nucynta was ordered. The treatment request is for: Valium 5 MG Qty 30. Protonix 40 MG Qty 60. Lunesta 3 MG Qty 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3 MG 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).

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 & Stress Chapter, under Eszopicolone (Lunesta).

Decision rationale: The patient presents with low back pain mainly on the right side and right shoulder pain. The request is for Lunesta 3 MG QTY 30. The request for authorization is not provided. The patient is status post shoulder surgery about a month ago. Physical examination reveals the right upper extremity is in a sling. Lumbar spine and tailbone area are tender to palpation. Right sacroiliac joint is tender to palpation, Positive right Patrick test. There is persistent tight groin pain. She had right sacroiliac joint injection that provided 70-80% pain relief for two days. She is doing physical therapy. Per progress report dated 08/11/15, the patient remains temporarily totally disabled. ODG Guidelines, Mental Illness & Stress Chapter, under Eszopicolone (Lunesta) Section states, "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." Per progress report dated 08/11/15, treater's reason for the request is "for sleep." ODG limits the use of this medication to "three weeks maximum in the first two months of injury." The patient has been prescribed Lunesta at least since 07/14/15. The request for additional Lunesta qty 30 would exceed ODG recommendation and does not indicate intended short-term use of this medication. Furthermore, the request is for 3mg dosage, and guidelines state that "The FDA has lowered the recommended starting dose of eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women." This request is not in accordance with guidelines. Therefore, the request is not medically necessary.

Valium 5 MG Qty 30: 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): Benzodiazepines.

Decision rationale: The patient presents with low back pain mainly on the right side and right shoulder pain. The request is for Valium 5 MG QTY 30. The request for authorization is not provided. The patient is status post shoulder surgery about a month ago. Physical examination reveals the right upper extremity is in a sling. Lumbar spine and tailbone area are tender to palpation. Right sacroiliac joint is tender to palpation, positive right Patrick test. There is persistent tight groin pain. She had right sacroiliac joint injection that provided 70-80% pain relief for two days. She is doing physical therapy. Per progress report dated 08/11/15, the patient remains TTD. MTUS, Benzodiazepines Section, page 24 states: "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." Treater does not specifically discuss this medication. The patient has been prescribed Valium at least since 07/14/15. MTUS guidelines do not recommend the use of benzodiazepines long-term and limits use to 4 weeks. The request

for additional Valium quantity 30 would exceed guideline recommendation, and does not indicate intended short-term use. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.

Protonix 40 MG Qty 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.

Decision rationale: The patient presents with low back pain mainly on the right side and right shoulder pain. The request is for Protonix 40 MG QTY 60. The request for authorization is not provided. The patient is status post shoulder surgery about a month ago. Physical examination reveals the right upper extremity is in a sling. Lumbar spine and tailbone area are tender to palpation. Right sacroiliac joint is tender to palpation, positive right Patrick test. There is persistent tight groin pain. She had right sacroiliac joint injection that provided 70-80% pain relief for two days. She is doing physical therapy. Per progress report dated 08/11/15, the patient remains TTD. MTUS, NSAIDs, GI symptoms & cardiovascular risk Section, page 69, under Treatment of dyspepsia secondary to NSAID therapy states: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI, PPI's are also allowed for prophylactic use along with NSAIDs, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc. Treater does not specifically discuss this medication. MTUS allows for prophylactic use of PPI along with oral NSAIDs when appropriate GI risk is present. In this case, the patient is not taking any NSAIDs, and treater has not provided GI assessment to warrant prophylactic use of PPI, as required by guidelines. Furthermore, Protonix is indicated for GERD and erosive esophagitis, which have not been discussed, either. Moreover, the patient has been prescribed Protonix at least since 11/07/14, which is more than 7 months from UR date of 07/27/15. Treater has not discussed how the patient is doing and why she needs to continue. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.