MAXIMUS Federal Services

Case Number:	CM15-0190613		
Date Assigned:	10/02/2015	Date of Injury:	07/28/2014
Decision Date:	12/09/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	09/28/2015

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: Washington, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 55 year old male who sustained an industrial injury on 07-28-2014. He has reported injury to the right shoulder and low back. The diagnoses have included right shoulder impingement, rotator cuff strain, bicipital tendinitis, status post previous arthroscopic surgery in 2005 with retracted tear of the biceps tendon, grade II SLAP (superior labrum anterior to posterior) tear, partial subscapularis tear, and osteoarthritis; status post right shoulder surgery (07-09-2015); and discogenic lumbar condition with facet inflammation. Treatment to date has included medications, diagnostics, heat, ice, physical therapy, lumbar epidural steroid injection, and surgical intervention. Medications have included Norco, Tramadol, Gabapentin, Valium, Naproxen, Trazodone, and Aciphex. A progress report from the treating provider, dated 09-11-2015, reported the injured worker is more than two months status post right shoulder surgery; he has had six to seven sessions of physical therapy including water therapy, which had been quite helpful; he still had right shoulder weakness and quite a bit of pain; he had significant left shoulder pain, which was a result of compensation from not using right arm as much; he was having more weakness in the left arm and pain down the left side; he requested a refill of medications for Norco and Valium, which he takes for pain and anxiety secondary to pain; and he is currently off work. Objective findings included the shoulder incisions were well-healed; he had abduction about 90 degrees and weakness against resistance on the right shoulder; he had pain in the left shoulder, rotator cuff, and biceps tendon; with positive impingement and Hawkins signs; and he had tenderness across the lumbar paraspinal muscles, pain with facet loading, and pain along the lumbar facets. The treatment plan has included the request for Lunesta 2mg #30; Achiphex 20mg #30; Valium 5mg #60; and Celebrex 200mg #30. The

original utilization review, dated 09-24-2015, non-certified the request for Lunesta 2mg #30; Achiphex 20mg #30; Valium 5mg #60; and Celebrex 200mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 chapter - Eszopicolone (Lunesta) and the Mental illness and Stress chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults. Schutte-Rodin S, et al, J Clin Sleep Med 2008; 4 (5): 487-504.

Decision rationale: Lunesta (eszopiclone) is a non-benzodiazepine hypnotic agent indicated for the treatment of insomnia. According to the definition by the consensus guideline for treatment of insomnia, insomnia is the subjective perception of difficulty with sleep initiation, duration, consolidation, or quality that occurs despite adequate opportunity for sleep, and that results in some form of daytime impairment. Importantly, the diagnosis requires this associated daytime dysfunction (by definition as per the International Classification of Sleep Disorders). Once diagnosis is made and secondary causes have been ruled out, first line treatment is with a non-benzodiazepine hypnotic agent. This patient has used trazadone, a tetracyclic antidepressant, for over 1 month for a sleep disorder considered to be secondary to pain. However, the medical records do not document the presence of daytime symptoms, failure of trazadone to induce sleep, nor an evaluation to identify whether the cause of the disorder is due to the patient's pain symptoms or other co-morbid disease states. If pain is the true cause of the sleep disorder then optimizing treating pain, not inducing sleep, is the goal of therapy. Use of Lunesta is not medically indicated at this time. Medical necessity has not been established.

Aciphex 20mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) chapter - Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Aciphex (rabeprazole) is classified as a proton pump inhibitor and recommended for treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, laryngopharyngeal reflux, and Zollinger-Ellison syndrome. The MTUS recommends its use to prevent dyspepsia or peptic ulcer disease secondary to longer-term use of non-steroidal anti-inflammatory medications (NSAIDs) especially if at high risk of a gastrointestinal (GI) bleed

such as age over 65, history of GI bleeds and/or concurrent treatment with other at-risk medications such as aspirin, corticosteroids, high dose NSAIDs or anticoagulants. Even though dyspepsia is also a known side effect of opioid medications the MTUS does not address its use to prevent or treat dyspepsia caused by long-term use of opioids. Since this patient is being treated with an NSAID for his industrial injury and aspirin for his coronary artery, disease he is at high risk of a GI bleed. He is also on chronic opioid therapy. Use of a proton pump inhibitor is this situation is appropriate to prevent iatrogenic morbidity. Medical necessity has been established.

Valium 5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter - Diazepam.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Models and Definitions, Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines, Muscle relaxants (for pain), Weaning of Medications. Decision based on Non-MTUS Citation American Psychiatric Association. Practice Guideline for the Treatment of Patients With Major Depressive Disorder, Third Edition, originally published in October 2010.

Decision rationale: Valium (diazepam) is a benzodiazepine and indicated for short-term use as a sedative-hypnotic, anxiolytic, anticonvulsant and muscle relaxant. Long-term efficacy is unproven. The MTUS does not recommend its use for long-term therapy and does not recommend its use at all as a muscle relaxant due to the patient's rapid development of tolerance and dependence. However, if used for longer than 2 weeks, tapering is required when stopping this medication, as the risk of dangerous withdrawal symptoms is significant. The American Psychiatric Association Practice Guideline also notes little evidence to support long-term use of benzodiazepines for anxiety. This patient has taking this medication for over 2 months for its anxiolytic effect. However, the medical records available for review do not document ongoing signs or symptoms of anxiety nor the effectiveness of this medication to control them. Continued use is not indicated. Because of the danger from withdrawal, as noted above, consideration should be given to continuing this medication long enough to allow safe tapering. Medical necessity has for continued use of this medication not been established.

Celebrex 200mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Shoulder Complaints 2004, Section(s): Initial Care, Summary, and Low Back Complaints 2004, Section(s): Initial Care, Summary, and Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: Celebrex (Celecoxib) is a non-steroidal anti-inflammatory medication (NSAID) that is selective for the COX-2 receptors. It, therefore, has a lower frequency of causing gastrointestinal complications such as dyspepsia and bleeding than non-selective NSAIDs. NSAIDs as a group are recommend for treatment of osteoarthritis and for short-term use in treating symptomatic pain from joint or muscle injury and chronic low back. MTUS guidelines notes that studies have shown use of NSAIDs for more than a few weeks can retard or impair bone, muscle, and connective tissue healing and perhaps even cause hypertension. This patient has had stable chronic pain for over 12 weeks and thus can be considered past the point where NSAIDs should be of value in treatment unless used short-term for exacerbation of the patient's chronic injuries. As the records do not show instructions to the patient for use of this medication only for exacerbations it is not indicated for use at this time. Medical necessity for use of this medication has not been established.