

Case Number:	CM15-0199264		
Date Assigned:	10/14/2015	Date of Injury:	07/11/2002
Decision Date:	11/24/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/09/2015

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:

The injured worker is a 68-year-old male, who sustained an industrial injury on 7-11-2002. The injured worker was being treated for cervical discopathy with disc displacement, cervical radiculopathy, lumbar discopathy with disc displacement, lumbar radiculopathy, and bilateral sacroiliac arthropathy. Medical records (2-23-2015 to 7-30-2015) indicate ongoing cervical spine radiating down the right arm. Associated symptoms include numbness and tingling down the right arm. There is ongoing lumbar spine pain centered over the bilateral sacroiliac joints, right greater than left, with radiating pain down both legs with associated numbness and tingling. On 7-30-2015, the treating physician noted insomnia due to chronic pain. The physical exam (2-23-2015 to 7-30-2015) reveals tenderness to palpation of the cervical and lumbar paraspinal musculature and decreased cervical and lumbar range of motion due to pain and stiffness. There was a positive right Spurling's sign, positive bilateral supine straight leg raise at 20 degrees, tenderness to palpation over the bilateral sacroiliac joints, and positive Faber and Patrick's maneuver. There was decreased sensation to light touch and pinprick at the bilateral C5-6 (cervical 5-6) and bilateral L5-S1 (lumbar 5-sacral 1) dermatome distribution. Diagnostic studies of the cervical and lumbar spines were not included in the provided medical records. The physical exam (2-23-2015 to 7-30-2015) did not include documentation of a gastrointestinal assessment. Treatment has included short-acting and long-acting oral pain, topical pain, muscle relaxant, antidepressant, proton pump inhibitor (Prilosec since at least 2-2015), and non-steroidal anti-inflammatory medications. Per the treating physician (7-30-2015 report), the injured worker has not returned to work. The requested treatments included Prilosec (Omeprazole DR) 20mg and

Lunesta (Eszopiclone) 2mg. On 9-25-2015, the original utilization review non-certified requests for Prilosec (Omeprazole DR) 20mg # 60 and Lunesta (Eszopiclone) 2mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec (Omeprazole DR) 20mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 116.

Decision rationale: According to the MTUS guidelines, Prilosec 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. A progress note on 2/23/15 indicated the Prilosec reduced pain 7 points while NSAIDs reduced pain 8 points. Prilosec is not an analgesic and combine use with NSAID cannot provide more relief than the pain that exists (negative pain score). Furthermore, the chronic use of NSAIDs is not medically necessary. Therefore, the continued use of Prilosec is not medically necessary.

Lunesta (Eszopiclone) 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).

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 - insomnia 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. Insomnia is indicated for the short-term treatment of insomnia with difficulty of sleep onset. In this case, the claimant had used the medication for several months. It was mentioned in the progress note that insomnia was due to pain rather than a primary sleep problem. Lunesta was noted to reduce pain levels 7 points. Lunesta is not an analgesic. Continued use of Lunesta is not medically necessary.