MAXIMUS Federal Services

Case Number:	CM15-0205213		
Date Assigned:	10/22/2015	Date of Injury:	11/11/2014
Decision Date:	12/03/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/19/2015

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: Texas, Florida, 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 45 year old male who sustained an industrial injury on 11-11-14. A review of the medical records indicates that the worker is undergoing treatment for other and unspecified disc disorder-lumbar region and sprain-strain of ankle; tibiofibular (ligament) distal. Subjective complaints (4-1-15) include constant pain in the low back, right knee, and right ankle. Objective findings (4-1-15) include tenderness along the lumbar paraspinal muscles, pain along the facets with facet loading, pain along the right knee and ankle, tenderness along the anterior talofibular ligament, and pain with dorsiflexion and plantar flexion along the ankle. Previous treatment includes Norco, Motrin, Tramadol ER, Protonix, Flexeril, and was approved for at least 6 sessions of physical therapy. A request for authorization is dated 9-2-15 and lists request for pain management consultation, surgical consultation, Naproxen, Protonix, Norflex ER, Trazadone, Lunesta, Effexor XR, Tramadol ER, orthotics consultation, and a urine drug screen. The requested treatment of Protonix 20mg and Lunesta 2mg was non-certified on 9-23-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg: 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 rationale: This claimant was injured in 2014 with unspecified lumbar disc disorder, and a sprain of the ankle. No gastrointestinal issues are noted. The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Sufficient gastrointestinal risks are not noted in these records. The request is appropriately non-certified based on MTUS guideline review. Therefore, the requested treatment is not medically necessary.

Lunesta 2mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Eszopicolone (Lunesta), Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under Lunesta.

Decision rationale: This claimant was injured in 2014 with unspecified lumbar disc disorder, and a sprain of the ankle. No gastrointestinal issues are noted. Regarding Eszopicolone (Lunesta), the MTUS is silent. The ODG, Pain section simply notes it is not recommended for long-term use, but recommended for short-term use. In this case, the use appears to be chronic, with little mention of benefit out of the sleep aid. There is insufficient evidence to support the usage in this claimant's case. The request is appropriately non certified. Therefore, the requested treatment is not medically necessary.