

Case Number:	CM15-0020421		
Date Assigned:	02/10/2015	Date of Injury:	12/04/2013
Decision Date:	04/01/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/03/2015

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 61 year old male injured worker suffered and industrial injury on 12/4/2013. The diagnoses were left knee sprain/strain, left knee meniscal tear, and chronic myofascial pain. The diagnostic study was left knee magnetic resonance imaging. The treatments were medications and TENS unit. The treating provider reported left knee pain 7/10 that is constant. The injured worker also complained of sleep disturbance due to pain. On exam the left knee was tender. The Utilization Review Determination on 1/28/2015 non-certified: 1. Naproxen 550mg #60, citing MTUS. 2. Omeprazole 20mg #60, citing MTUS. 3. Lunesta 1mg #30, citing ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and cardiovascular risk Page(s): 67-68, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications non-steroidal anti-inflammatory drugs Medications for chronic pain Page(s): 22, 60, 67-68.

Decision rationale: According to the 01/06/2015 report, this patient presents with a constant 7/10 left knee pain. The current request is for Naproxen 550mg #60. The request for authorization is on 01/06/2015. The patient's work status is "return to work on 01/06/2015" with restriction. The MTUS Guidelines page 22 reveal the following regarding NSAID's, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." Review of the provided reports show the patient has been prescribed Naproxen since 06/24/2014 and it is unknown exactly when the patient initially started taking this medication. The treater indicates that the patient "reports that medication helps with pain." In this case, given that the patient's chronic pain and the treating physician documented the efficacy of the medication as required by the MTUS guidelines. Therefore, the current request IS medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: According to the 01/06/2015 report, this patient presents with a constant 7/10 left knee pain. The current request is for Omeprazole 20mg #60 and this medication was first noted in the 09/05/2014. The request for authorization is on 01/06/2015. The patient's work status is 'return to work on 01/06/2015' with restriction. The MTUS page 69 states under NSAIDs prophylaxis to discuss, GI symptoms & cardiovascular risk and recommendations are with precautions as indicated below. "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: 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. MTUS further states "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Review of the provided reports show that the patient is currently on Naproxen and has no gastrointestinal side effects with medication use. The patient is not over 65 years old; no other risk factors are present. The treating physician does not mention if the patient is struggling with GI complaints and why the medication was prescribed. There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. In addition, the treater does not mention symptoms of gastritis, reflux or other condition that would require a PPI. Therefore, the request IS NOT medically necessary.

Lunesta 1mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Insomnia.

Decision rationale: According to the 01/06/2015 report, this patient presents with a constant 7/10 left knee pain. The current request is for Lunesta 1mg #30 and this medication was first noted in this report. The request for authorization is on 01/06/2015. The patient's work status is 'return to work on 01/06/2015' with restriction. Regarding Lunesta, the MTUS and ACOEM Guidelines do not discuss, but ODG Guidelines discuss Lunesta under insomnia and state "Lunesta has demonstrated reduced sleep latency and sleep maintenance. The only benzodiazepine receptor agonist FDA approved for use longer than 35 days." Under Stress chapter, it states "Not recommended for long-term use, but recommended for short-term use." The provided medical reports indicate that the patient has 'sleeping disturbance' and the treating physician would like to start the patient on Lunesta. In this case, the request to start Lunesta #30 for the patient's 'sleeping disturbance' issue is supported by the guidelines and FDA approved. Therefore, the request IS medically necessary.