

<b>Case Number:</b>	CM15-0220752		
<b>Date Assigned:</b>	11/13/2015	<b>Date of Injury:</b>	03/21/1983
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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: Texas, 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 56 year old male, who sustained an industrial injury on 03-21-1983. He has reported injury to the low back. The diagnoses have included lumbar disc disease and lumbar radiculopathy. Treatment to date has included medications, diagnostics, activity modifications, and lumbar epidural steroid injections. Medications have included Norco, Ultram, Neurontin, Soma, Lunesta, and Pantoprazole. A progress report from the treating provider, dated 10-13- 2015, documented an evaluation with the injured worker. The injured worker reported low back pain with radiation into his bilateral lower extremities, left greater than right; the pain is described as aching; his pain is primarily unchanged, although he feels he has more days of increased pain over the past month; left shoulder aching pain; he is taking his medications as directed; and his medications help him remain functional without significant side effects. It is noted that the injured worker is taking Pantoprazole to control gastrointestinal upset related to medications. Objective findings included straight leg raise on the left is positive; there is pain noted over the lumbar intervertebral spaces (discs) on palpation; palpable twitch positive trigger points are noted in the lumbar paraspinous muscles; anterior flexion of the lumbar spine is noted to be 50 degrees; extension of lumbar spine is noted to be 15 degrees; there is pain noted with lumbar extension; right lateral flexion reveals pain, pulling on left side; lower extremity sensation is grossly intact except for numbness at the left lateral thigh; spasm is noted upon palpation of the lower lumbar paraspinous muscles on the left; and there is pain at the sciatic notch. The treatment plan has included the request for Lunesta 2mg #30 with 1 refill; and one (1) prescription of Pantoprazole 20mg #60. The original utilization review, dated 10-21-2015, non- certified the request for Lunesta 2mg #30 with 1 refill; and one (1) prescription of

Pantoprazole 20mg #60. A recent detailed clinical examination of the gastrointestinal tract was not specified in the records provided. On review of system patient do not have any complaints of the gastrointestinal tract. The patient has had MRI of the lumbar spine on 5/6/15 that revealed disc protrusions, foraminal narrowing. Patient had received LESI for this injury. The patient's surgical history include right thumb surgery, right knee surgery in 2002, left ankle ORIF in 1999, lumbar surgery in 2005, and left shoulder surgery in 1985. The patient had received an unspecified number of the PT visits for this injury. A recent detailed psychiatrist examination was not specified in the records provided.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lunesta 2mg #30 with 1 refill: 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), Mental Illness & Stress, Eszopicolone (Lunesta).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 12/02/15) Mental Chapter. Mental Illness & Stress (updated 11/24/15) Eszopicolone (Lunesta).

**Decision rationale:** Lunesta 2mg #30 with 1 refill. Lunesta (eszopiclone) is a non-benzodiazepine hypnotic agent is a sedative. The California MTUS/ACOEM Guidelines do not address this medication; therefore, ODG was utilized. According to the cited guideline not recommended for long-term use, but recommended for short-term use. A detailed history of anxiety or insomnia was not specified in the records provided. Trial of other measures for treatment of insomnia is not specified in the records provided. A detailed evaluation by a psychiatrist for stress related conditions is not specified in the records provided. As per cited guidelines for this type of medication, they can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term, Previously recommended doses can cause impairment to driving skills, memory, and coordination as long as 11 hours after the drug is taken. Per the cited guideline use of this medication can be habit-forming, and it may impair function and memory more than opioid pain relievers. The medical necessity of the request for Lunesta 2mg #30 with 1 refill is not fully established in this patient. Therefore is not medically necessary.

**One (1) prescription of Pantoprazole 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 rationale:** One (1) prescription of Pantoprazole 20mg #60. Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in Patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy. Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). A current use of NSAIDs is not specified in the records provided. There is no evidence in the records provided that the patient has GI symptoms with the use of NSAIDs. A recent detailed clinical examination of the gastrointestinal tract was not specified in the records provided. On review of system patient do not have any complaints of gastrointestinal tract. The records provided do not specify any objective evidence of GI disorders, GI bleeding or peptic ulcer. The medical necessity of the request for One (1) prescription of Pantoprazole 20mg #60 is not fully established in this patient. Therefore is not medically necessary.