

Case Number:	CM15-0221181		
Date Assigned:	11/16/2015	Date of Injury:	01/17/2014
Decision Date:	12/31/2015	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	11/10/2015

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, Illinois

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 38 year old female, who sustained an industrial injury on 1-17-14. The injured worker was being treated for strain of lumbosacral spine, cervical strain, sacral mass, status post lumbar fusion, swan neck deformity and left 4th digit probable tendon injury. On 10-28-15, the injured worker complains of worsened neck pain rated 6 out of 10 with medications and 8-9 out of 10 without medications. She also complains of persistent insomnia due to pain and needs refills on medications which continue to be denied. She is not working. Physical exam performed on 10-28-15 revealed normal gait, minimal cervical and lumbar tenderness with palpable spasms, decreased cervical range of motion, decreased lumbar range of motion, left 4th digit with decreased range of motion and is painful to palpation and healed cervical incision. Treatment to date has included pain management, oral medications including Lunesta 4mg, Ibuprofen, Tramadol 50mg and Pantoprazole 40mg, physical therapy, home exercise program, lumbar fusion, cervical fusion, psychological therapy, Toradol injections and activity modifications. On 10-29-15 request for authorization was submitted for Ibuprofen 600mg #90, Lunesta 4mg #30 (since at least 6-1-15), Tramadol 50mg #60 and Pantoprazole 40mg #30 (since at least 6-1-15 without documentation of current abdominal exam or gastrointestinal issues). On 11-5-15 request for Lunesta 4mg #30 was modified to #20 and Pantoprazole 40mg #30 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg quantity 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, Mental Illness and 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) Mental Illness & Stress, Eszopicolone (Lunesta).

Decision rationale: The injured worker sustained a work related injury on 1-17-14. The medical records provided indicate the diagnosis of strain of lumbosacral spine, cervical strain, sacral mass, status post lumbar fusion, swan neck deformity and left 4th digit probable tendon injury. Treatments have included Lunesta 4mg, Ibuprofen, Tramadol 50mg and Pantoprazole 40mg, physical therapy, home exercise program, lumbar fusion, cervical fusion, psychological therapy, Toradol injections and activity modifications. The medical records provided for review do not indicate a medical necessity for Lunesta 3mg quantity 30. The MTUS is silent on this medication. The Official Disability Guidelines identifies it as a hypnotic containing Eszopicolone (Lunesta). This guideline recommends limiting hypnotics to only three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. They impair memory and mood, are habit forming. The medical records indicate the injured worker has been using it at least since 6-1-15. The request is not medically necessary.

Pantoprazole 40mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Appendix AODG Workers' Compensation Drug Formulary.

Decision rationale: The injured worker sustained a work related injury on 1-17-14. The medical records provided indicate the diagnosis of strain of lumbosacral spine, cervical strain, sacral mass, status post lumbar fusion, swan neck deformity and left 4th digit probable tendon injury. Treatments have included Lunesta 4mg, Ibuprofen, Tramadol 50mg and Pantoprazole 40mg, physical therapy, home exercise program, lumbar fusion, cervical fusion, psychological therapy, Toradol injections and activity modifications. The medical records provided for review do not indicate a medical necessity for Pantoprazole 40mg quantity 30. The MTUS recommends the addition of proton pump inhibitors to the treatment of individuals at risk for gastrointestinal events when they are on treatment with NSAIDs. The medical records reviewed do not indicate the injured worker is at risk for gastrointestinal event. Also, Pantoprazole (Protonix) is not recommended by the Official Disability Guidelines for first-line use: it can only be authorized if there is a documentation of reasons why first-line medications cannot be used. The documents reviewed did not include any such explanation. The request is not medically necessary.