

<b>Case Number:</b>	CM15-0057289		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	11/23/2011
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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, New York, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 23, 2011. In Utilization Review report dated March 4, 2015, the claims administrator failed to approve requests for omeprazole, OxyContin, and Lunesta. A RFA form received on February 25, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. In a handwritten note dated March 25, 2015, difficult to follow, not entirely legible, the applicant was placed off of work, on total temporary disability, through May 8, 2015. The attending provider noted that the applicant developed derivative complaints of depression and anxiety. The attending provider stated that the applicant was having difficulty performing activities of daily living as basic as standing and walking. The attending provider then stated that the applicant could not function without her medications and apparently went on to renew the same. In a progress note dated February 25, 2015, OxyContin was renewed while the applicant was kept off of work, on total temporary disability. It was stated that the applicant was beginning to develop tolerance to OxyContin and her current opioids. The applicant's back pain complaints were described as severe, in one section of the note. 9-10/10 pain without medications versus 4/10 with medications was reported in another section of the note. The applicant developed a variety of derivative issues, including insomnia, claustrophobia, and anxiety, the treating provider reported. On February 4, 2015, the attending provider stated that the applicant's pain complaints were severe. The applicant was reportedly unable to sleep, it was acknowledged, both owing to her pain issues and owing to ancillary concerns with anxiety and heartburn.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **90 Omeprazole 20mg dispensed 2/25/2015:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Yes, the request for omeprazole, a proton pump inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitor such as omeprazole are indicated to combat issues with NSAID-induced dyspepsia. Here, the applicant had apparently developed issues with stand-alone dyspepsia on February 6, 2015, the treating provider reported. Usage of omeprazole, thus, was indicated to combat the same. Therefore, the request was medically necessary.

### **Oxycontin 80mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Conversely, the request for OxyContin, a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as result of the same. Here, however, the applicant was off of work, it was acknowledged, on total temporary disability, despite ongoing OxyContin usage. Multiple progress notes, referenced above, suggested that the applicant's pain complaints remained severe, despite ongoing OxyContin usage. The applicant continued to report difficulty performing activities of daily living as basic as standing and walking, it was acknowledged on multiple handwritten progress notes of early 2015. While the attending provider did report some reduction in pain scores with ongoing medication consumption on February 25, 2015, these were, however, outweighed by the applicant's failure to return to work, and attending provider's failure to outline any meaningful or material improvements in function (if any) effected as a result of ongoing OxyContin usage. Therefore, the request was not medically necessary.

### **Lunesta 1mg #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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration GuidelinesMental Illness & Stress Eszopicolone (Lunesta).

**Decision rationale:** Finally, the request for Lunesta, sleep aid, was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, ODGs mental illness and stress chapter notes that eszopiclone or Lunesta is recommended for short-term use purposes alone. Here, however, the request in question did seemingly represent a renewal request for Norco. It did appear that the applicant and/or attending provider were intent on employing the same for chronic, long-term, and scheduled use purposes. No rationale was furnished so as to offset the unfavorable ODG position on such as usage. Therefore, the request not medically necessary.