

Case Number:	CM15-0081733		
Date Assigned:	05/04/2015	Date of Injury:	03/13/2008
Decision Date:	06/05/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	04/28/2015

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: New Jersey, New York

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 48 year old male, who sustained an industrial injury on 3/13/08. He reported neck injury. The injured worker was diagnosed as having cervical spine disc syndrome with strain/sprain disorder and radiculopathy associated with cervicalgia and chronic pain syndrome with idiopathic insomnia. Treatment to date has included oral medications including Norco, Tramadol, Lunesta and Prilosec, activity restrictions and topical medications. Currently, the injured worker complains of sharp, stabbing pain, stiffness, weakness, numbness, paresthesia and generalized discomfort of the neck. Physical exam noted reduced range of motion of cervical spine, reduced sensation and strength in distribution of left C6 spinal nerve root, absent left biceps deep tendon reflex, tender and painful bilateral cervical paraspinal muscular spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2mg #30: Upheld

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

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

Decision rationale: The request is considered not medically necessary. The request is for a prescription of Lunesta. MTUS does not have guidelines for Lunesta, therefore, ODG was used. According to ODG, Lunesta is only recommended for short-term use. "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. In general, receiving hypnotic prescriptions was associated with greater than a threefold increased hazard of death even when prescribed less than 18 pills/year. Previously recommended doses can cause impairment to driving skills, memory, and coordination as long as 11 hours after the drug is taken. Despite these long-lasting effects, patients were often unaware they were impaired." There has not been any documentation of attempted improvement in sleep hygiene. Because of these reasons, the request is considered not medically necessary.

Prilosec 20mg # 30 x 5 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for Prilosec is not medically necessary. There is no documentation of GI risk factors. The use of prophylactic PPI's is not required unless he is on chronic NSAIDs, which the patient is not on. As per the MTUS guidelines, risk factors include "age greater than 65, history of peptic ulcers or gastrointestinal bleeding, concurrent use of aspirin or corticosteroids, or high dose/multiple anti-inflammatory medications," all of which did not apply to the patient. Long-term PPI use carries many risks and should be avoided. Therefore, this request is medically unnecessary.