

<b>Case Number:</b>	CM15-0087141		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	11/25/1994
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 51 year old female, who sustained an industrial injury on 11/25/1994. The initial complaints or symptoms included closed head injury after her vehicle was hit by a train. The injured worker later developed headaches, memory problems, personality changes, difficulty with concentration, vertigo, visual changes, and seizures. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, CT scans, conservative therapies, and injections. Per the progress notes dated 03/12/2015, the injured worker complains of acute flare-up of low back pain rated 8/10. The progress note reported that these acute flare-up can usually be treated with acupuncture or massage. However, on this day the physician was request an emergency room visit for injection therapy for the acute flare-up of severe pain. The injured worker was noted to be getting 6.5 hours of sleep per night. The diagnoses include chronic pain syndrome, chronic discogenic pain syndrome, secondary myofascial syndrome, closed head injury, and history of seizure disorder. The request for authorization included unknown emergency room visits for acute emergency flare-ups of pain with pain, unknown prescription of Lunesta and unknown prescription of Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown emergency room visits for acute emergency flare-ups of pain with pain:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Registered Nurses' Associates of Ontario (RNAO). Assessment and management of pain. Toronto (ON): Registered Nurses' Associates of Ontario (RNAO); 2013 Dec. 101 p. [192 references].

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic or Recurrent Pain in the Emergency Department. <http://www.medscape.com/viewarticle/737438>.

**Decision rationale:** According to Medscape, emergency room have been used to manage chronic recurrent pain, however Medscape study identified unmet needs for information and specialty referral. There is no documentation and rational for requesting multiple ER visits for pain management. There is no explanation why the patient care could not be carried as an outpatient. Therefore the request is not medically necessary.

**Unknown prescription of Lunesta:** 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), Pain (Chronic): Insomnia treatment (2015).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>)).

**Decision rationale:** "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency."Lunesta is not recommended for long term use to treat sleep problems. Furthermore, there is no documentation of the use of non pharmacologic treatment for the patient sleep issue if there is any. Therefore, the prescription of LUNESTA is not medically necessary.

**Unknown prescription of Prilosec:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

**Decision rationale:** According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient has GI issue that requires the use of prilosec. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, Prilosec prescription is not medically necessary.