MAXIMUS Federal Services

Case Number:	CM15-0238750		
Date Assigned:	12/15/2015	Date of Injury:	05/23/2015
Decision Date:	01/21/2016	UR Denial Date:	12/03/2015
Priority:	Standard	Application Received:	12/07/2015

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: North Carolina, Georgia
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 43 year old male, who sustained an industrial injury on 05-23-2015. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for diabetes, severe low back pain, bilateral knee pain, insomnia, and neuropathic pain. Medical records (07-13-2015 to 11-05-2015) indicate ongoing low back pain radiating to both lower extremities, right knee pain, burning in both feet, tension, insomnia, anxiety, depression fatigue, nervousness, and other psychological issues. Pain levels were 7-8 out of 10 on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 11-05-2015, revealed extreme pain with range of motion in the right knee. Relevant treatments have included: physical therapy (PT), acupuncture, work restrictions, and medications. The more recent PRs did not specify what medications were being prescribed. The utilization review letter stated that the following medications were requested 11-25-2015: eszopiclone 3mg #30, diclofenac sodium XR 100mg #60, and omeprazole 20mg #60. The original utilization review (12-03-2015) non-certified the request for eszopiclone 3mg #30, diclofenac sodium XR 100mg #60, and omeprazole 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopiclone 3mg #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 (ODG), Pain Chapter.

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

Decision rationale: The CA MTUS is silent on the use of Lunesta (eszopiclone). ODG addresses insomnia treatments in the section on pain. ODG states that treatment should be based on the etiology of the insomnia. Pharmacologic agents should be used only after a careful investigation for cause of sleep disturbance. Primary insomnia should be treated with pharmacologic agents while secondary insomnia may be treated with pharmacologic and/or psychological measures. It is important to address all four components of sleep: sleep onset, sleep maintenance, sleep quality and next day function. Lunesta is recognized as the only benzodiazepine based sleep aid, which is FDA, approved for use greater than 35 days. In this case, the medical records do not detail any history of the insomnia or response to treatment with Lunesta (eszopiclone). Therefore, there is no documentation of the medical necessity of treatment with Lunesta (eszopiclone) and Lunesta (eszopiclone) is not medically necessary.

Diclofenac Sodium XR 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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

Decision rationale: CA MTUS guidelines are clear that NSAIDs should be used at the lowest possible dose for the shortest period possible. There is specific caution that NSAIDS have been shown to slow healing in all soft tissue including muscle, ligaments, tendons and cartilage. The request for Diclofenac XR 100 mg #60 does not meet the criteria of providing lowest dose of NSAID for the shortest time possible as this dose is the maximum dose allowable. There is no documentation of response to this dose or of any trials of lower doses of Diclofenac. Diclofenac XR 100 mg #60 is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: CA MTUS guidelines state that a proton pump inhibitor should be considered for administration with anti-inflammatory medication if there is a high risk for gastro-intestinal events. In this case, the medical record does not document any history to indicate a moderate or high risk for gastrointestinal events (since the requested NSAID is not medically necessary) and omeprazole therefore is not medically necessary.