MAXIMUS Federal Services

Case Number:	CM14-0130267		
Date Assigned:	08/20/2014	Date of Injury:	08/29/2003
Decision Date:	09/24/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/15/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 51-year-old female who has submitted a claim for ankle associated with an industrial injury date of August 29, 2003. Medical records from 2014 were reviewed, which showed that the patient complained of right shoulder pain. On examination, patient was found to have decreased range of motion of the right shoulder with positive impingement maneuvers. Tenderness over the right shoulder was also noted. The ROM of the right wrist was restricted. A urine drug screen dated February 27, 2014 and April 7, 2014 revealed that the medications being prescribed were not detected. Treatment to date has included medications including Vicoprofen and Prilosec. Right shoulder surgery was being contemplated. Utilization review from July 16, 2014 denied the request for Vicoprofen 7.5/200mg #120 x 6 months, Prilosec 20mg QTY: 30 for 6 months and Lunesta 3mg QTY: 30 for 6 months. The request for Vicoprofen was denied because 1) there was no note that first line treatment (anti-inflammatory medications) had been tried and failed, 2) the patient also tested negative for the prescription medications provided and 3) no improvement in pain scores and function were documented. The request for Prilosec was denied because the patient had no documentation of signs, symptoms or past medical history consistent with GI pathology. The request for Lunesta was denied because first line treatment for insomnia had not yet been tried.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicoprofen 7.5/200mg #120 x 6 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, Ongoing Management Page(s): 78-81. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA, Vicoprofen.

Decision rationale: Vicoprofen (hydrocodone and ibuprofen) is used short-term to relieve severe pain. According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient had been taking Vicoprofen for pain since at least February 2014. There was no documentation of improvement of the patient's pain scores and functional status. Moreover, there is no documentation of the presence or absence of opioid side effects. Finally, two urine drug screens did not show that the patient had been taking the medications. The medical necessity for continued use is not established because the guideline criteria were not met. Therefore, the request for Vicoprofen 7.5/200mg #120 for 6 months is not medically necessary.

Prilosec 20mg QTY: 30 for 6 months: Upheld

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

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

Decision rationale: According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors, such as omeprazole, are indicated in patients taking NSAIDS who are also at intermediate risk for gastrointestinal events and no cardiovascular disease. GI and cardiovascular risk factors include: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. In this case, the records provided do not document any GI complaint or evidence that the patient was at intermediate risk for gastrointestinal events. Therefore, the request for Prilosec 20mg QTY: 30 for 6 months is not medically necessary.

Lunesta 3mg QTY: 30 for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment 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 Section, Lunesta.

Decision rationale: The CA MTUS does not specifically address Eszopiclone (Lunesta). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. It states that eszopiclone (Lunesta) is a non-benzodiazepine sedative-hypnotic (benzodiazepine-receptor agonist) and is a first-line medication for insomnia. It is a schedule IV controlled substance that has potential for abuse and dependency. Lunesta has demonstrated reduced sleep latency and sleep maintenance, and is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. Patients do better in the long term if medication is stopped after 6 weeks and only CBT is continued during an additional 6-month period is an important new finding. In this case, the initial date of Lunesta use is unknown. It was prescribed for insomnia; however, there was no discussion concerning sleep hygiene. It is unclear if non-pharmacologic management has been attempted. Moreover, the period of 6 months included in the request exceeds the guideline recommendation of 6 weeks. Therefore, the request for Lunesta 3mg QTY: 30 for 6 months is not medically necessary.