MAXIMUS Federal Services

Case Number:	CM14-0147830		
Date Assigned:	09/15/2014	Date of Injury:	12/12/1999
Decision Date:	10/16/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/11/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 injured worker is a 63-year-old male who reported an injury on 12/12/1999. The mechanism of injury was not submitted for clinical review. The diagnoses included cervical post laminectomy syndrome; pain in joint, shoulder; epicondylitis; and post laminectomy syndrome. The previous treatments included surgery, medication. The medication regimen included Lunesta, Capsaicin, Sween Cream, and pantoprazole. Within the clinical note dated 07/30/2014, it was reported the injured worker complained of neck and low back pain. Upon the physical examination, the provider noted no swelling observed in the extremities. The injured worker utilizes a wheelchair. The injured worker presented with pain. The provider requested a refill on Lunesta, capsaicin, Sween Cream, and pantoprazole. However, a rationale was not submitted for clinical review. The Request for Authorization was submitted and dated 09/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3 mg #30 x 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Health and Stress, Insomnia Treatment

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

Decision rationale: The request for Lunesta 3 mg #30 x 5 refills is not medically necessary. The Official Disability Guidelines (ODG) do not recommend Lunesta for long term use but recommend it for short term use. The guidelines recommend that insomnia be based on the etiology. Pharmacological should only be used after careful evaluation of potential causes of sleep disturbances. Failure of sleep disturbances to resolve in a 7 to 10 day may indicate psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The provider failed to document an adequate and complete physical examination. Additionally, there is lack of clinical documentation indicating the injured worker is treated for insomnia. Therefore, the request is not medically necessary.

Capsaicin 0.075% cream x 2 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

Decision rationale: The request for capsaicin 0.075% cream x 2 with 5 refills is not medically necessary. The California MTUS Guidelines recommend topical non-steroidal anti-inflammatory drugs (NSAIDs) for the use of osteoarthritis and tendinitis, in particular that of the knee and/or elbow or other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. Capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. There is no indication that an increase over 0.025% form would provide any further efficacy. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The provider failed to document an adequate and complete physical examination. Additionally, the request submitted failed to provide the treatment site and frequency of the medication. Therefore, the request is not medically necessary.

Sween cream with 5 refills (Unknown Strength): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

Decision rationale: The request for Sween Cream with 5 refills (unknown strength) is not medically necessary. The California MTUS Guidelines recommend topical non-steroidal anti-

inflammatory drugs (NSAIDs) for osteoarthritis and tendinitis, in particular that of the knee and/or elbow or other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide a frequency of the medication. The request submitted failed to provide the treatment site of the medication. Therefore, the request is not medically necessary.

. Pantoprozole (Protonix) 20mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for pantoprazole (Protonix) 20 mg #60 with 5 refills is not medically necessary. The California MTUS Guidelines note proton pump inhibitors, such as pantoprazole, are recommended for injured workers at risk for gastrointestinal (GI) events and/or cardiovascular diagnosis. The risk factors of gastrointestinal events include over the age of 65; history of peptic ulcer, GI bleed, or perforation; use of corticosteroids and/or anticoagulants. In the absence of risk factors for gastrointestinal bleeding events, proton pump inhibitors are not indicated when taking non-steroidal anti-inflammatory drugs (NSAIDs). The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID, or adding an H2 receptor antagonist or proton pump inhibitor. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, there is lack of clinical documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. Therefore, the request is not medically necessary.