

<b>Case Number:</b>	CM15-0005818		
<b>Date Assigned:</b>	01/20/2015	<b>Date of Injury:</b>	12/09/2006
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 61 year old male, who sustained an industrial injury on December 9, 2006. He has reported back pain. The diagnoses have included chronic low back pain with referred pain to right leg, lumbar/sacral disc tear, T12 thoracic compression fracture, left shoulder impingement, left carpal tunnel release and arthrosis of left thumb with stenosing tenosynovitis. On 1/6/2015, there was subjective complains of low back pain radiating to the lower extremities. The pain score was rated at 8-9/10 without medications and 6/10 with medications. There were objective findings of positive straight leg raising tests. Treatment includes chiropractic therapy, H wave stimulation, lumbar injections and oral medications. The medications listed are Lunesta, Vicoprofen, Prilosec, Dulcolax and Motrin. There is no documentation of aberrant behavior or UDS. On December 29, 2014 utilization review modified a request for Lunesta 2 mg, thirty count with six refills and Vicoprofen 7.5/200 mg, ninety count with six refills and non-certified a request for Prilosec, thirty count with six refills. The Medical Treatment Utilization Schedule (MTUS) were utilized in the determination. Application for independent medical review (IMR) is dated January 12, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 2 mg, thirty count with six 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 (ODG), Pain (Chronic) Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24. Decision based on Non-MTUS Citation Pain Chapter Mental illness and Stress

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that the use of hypnotics and sedatives be limited to short time periods after non medication sleep treatments and sleep hygiene have failed. The chronic use of sleep medications is associated with the development of tolerance, dependency, addiction, daytime somnolence and adverse interaction with opioids. It is recommended that chronic pain patients with co-existing psychosomatic symptoms and insomnia be treated with anticonvulsants and antidepressant medications with analgesic actions. The records indicate that the patient had utilized Lunesta longer than the guidelines recommended maximum period of 4 to 6 weeks. The patient is also utilizing opioid medication. There is no documentation of failure of non medication treatment or evaluation for treatable causes for the insomnia. The criteria for the use of Lunesta 2 mg #30 with 6 refills was not met.

**Prilosec, thirty count with six refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Section Page(s): 68 -.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 68-71. Decision based on Non-MTUS Citation Pain Chapter NSAIDs

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prophylaxis and treatment of gastrointestinal complications in patients with a history or at risk of NSAIDs related gastric disease. The chronic use of NSAIDs can be associated with the development of cardiac, renal and gastrointestinal complications. The risk of complications is significantly increased in the elderly, patients with a history of GI bleed and the use of multiple NSAIDs. The records showed that the patient is 61 years of age. The patient is utilizing multiple NSAIDs as Vicoprofen and Motrin. The patient was noted to have symptomatic NSAIDs related GI upset. The criteria for the use of Prilosec #30 6 refills was met.

**Vicoprofen 7.5/200 mg, ninety count with six refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Pain Chapter Opioids

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of chronic musculoskeletal pain. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other medications. The guidelines recommend that regular clinic evaluations, objective findings of functional restoration, compliance monitoring with UDS and absence of aberrant behavior be documented during chronic opioids treatment. The records did not show documentation of compliance monitoring with UDS. The use of random UDS can result in significant findings even in the absence of history of aberrant behavior. The guidelines did not support refills of opioids for 6 months intervals because the required regular clinic evaluation will result in modifications of medications management as the chronic pain severity changes. The criteria for the use of Vicoprofen 7.5/ 200mg #90 with 6 refills was not met.