

Case Number:	CM15-0104112		
Date Assigned:	06/08/2015	Date of Injury:	05/22/2011
Decision Date:	07/08/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/29/2015

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
 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 was a 45-year-old female, who sustained an industrial injury, May 22, 2011. The injured worker fell at work and landed on the right hip and back pain. The injured worker previously received the following treatments thoracic x-rays, EMG (electro diagnostic studies) of the lower extremities which were negative, lumbar spine MRI was unremarkable on September 12, 2012, Baclofen, Lamictal, Oxycodone, Norco, Flexeril, Wellbutrin, Ambien pain management consultation, epidural steroid injections at L5-S1 levels, physical therapy, occupational therapy, psychology services, Depakote and clonazepam. The injured worker was diagnosed with chronic low back pain, lumbar strain, possible lumbar degenerative disc disease, right shoulder impingement syndrome, relevant history of seizure disorder and recent breast cancer, situational depression and pain related insomnia. According to progress note of April 8, 2015, the injured workers chief complaint was low back pain. The injured worker described the pain as persistent worsening low back pain recently, which was unexplained. The injured worker described the pain as burning pain in the right foot. The right foot pain had resolved, however continued with sciatic symptoms in the right lower extremity. The physical exam of the right shoulder noted slight positive impingement signs and supraspinatus motor testing with within normal limits range of motion. There was tenderness with palpation throughout the lumbar spine and bilateral lumbar paraspinal regions with extension of tenderness into the bilateral buttocks. There were slight paraspinal spasms. The seated leg raises were negative bilaterally. There was pain elicited upon manipulation of the facet levels at L4-L5 and L5-S1. The injured worker was taking Ambien for insomnia. The injured worker was sleeping 8-9 hours a night. The

injured worker stated without medication the injured worker was sleeping 4-5 hours at night. The injured worker was paying for the unauthorized portion of the prescription out of pocket. The injured reported the injured worker was much better rested and not as fatigued and subsequently more functional with activities of daily living. The treatment plan included prescriptions for Protonix and Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 68-72.

Decision rationale: The California chronic pain medical treatment guidelines section on NSAID therapy and proton pump inhibitors (PPI) states: Recommend with precautions as indicated below. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or a 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 gastro duodenal lesions. Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g,ibuprofen, naproxen, etc.). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. There is no documentation provided that places this patient at intermediate or high risk that would justify the use of a PPI. There is no mention of current gastrointestinal or cardiovascular disease. For these reasons, the criteria set forth above per the California MTUS for the use of this medication has not been met. Therefore, the request is not medically necessary.

Lunesta 2mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, and insomnia.

Decision rationale: The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The requested medication is a listed option for treatment per the ODG and the request therefore is medically necessary.