

Case Number:	CM15-0112316		
Date Assigned:	06/18/2015	Date of Injury:	11/15/2013
Decision Date:	07/22/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/10/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 41-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of November 15, 2013. In a Utilization Review report dated June 3, 2015, the claims administrator failed to approve requests for Lunesta, Tylenol with Codeine, and Prilosec. The applicant's attorney subsequently appealed. In a handwritten note dated May 14, 2015, the applicant reported ongoing complaints of shoulder and neck pain, reportedly worsened. The applicant was placed off of work, on total temporary disability through June 3, 2015. There was no discussion of medication selection or medication efficacy. On May 20, 2015, the applicant reported 6/10 neck and shoulder pain complaints. The applicant was asked to move forward with shoulder surgery. Percocet, Keflex, Ambien, and Zofran were endorsed for postoperative use purposes by the applicant's shoulder surgeon. On April 28, 2015, the applicant reported ongoing complaints of neck and shoulder pain, 6-7/10. The applicant was apparently using Tylenol No. 3 and Lunesta, it was reported. The stated that she was deriving temporary analgesia with medication consumption. The applicant stated that she would be unable to sleep without Lunesta. Tylenol No. 3, Lunesta, and Prilosec were endorsed. The applicant was described as having dyspepsia attributed to medication consumption toward the top of the report. The applicant's work status was deferred to the primary treating physician (PTP).

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopiclone 2mg #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, Insomnia treatment, Eszopiclone (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Mental Illness & Stress, Eszopiclone (Lunesta).

Decision rationale: No, the request for eszopiclone (Lunesta) was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, ODG's Mental Illness and Stress Chapter Eszopiclone topic notes that eszopiclone or Lunesta is not recommended for chronic or long-term use purposes but, rather, should be reserved for short-term use purposes. Here, the request was framed as a renewal or extension request for Lunesta and, in effect, represented a request for treatment in excess of ODG parameters. The attending provider failed to furnish a compelling applicant-specific rationale or medical evidence so as to support such usage in the face of the unfavorable ODG position on the same. Therefore, the request was not medically necessary.

APAP/Codeine 300/30 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Weaning of Medications Page(s): 78-80, 92, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for Tylenol with Codeine, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was off of work, on total temporary disability, it was acknowledged on a handwritten note dated April 14, 2015. A progress note of April 28, 2015 suggested that the applicant's pain complaints remained in the 6-7/10 range, despite ongoing usage of Tylenol with Codeine. The attending provider failed to outline meaningful or material improvements in function (if any) effected as a result of ongoing Tylenol with Codeine usage. Therefore, the request was not medically necessary.

Omeprazole 20mg #60: Overturned

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

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

Decision rationale: Finally, the request for Omeprazole (Prilosec), a proton pump inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Omeprazole (Prilosec) are indicated in the treatment of NSAID-induced dyspepsia. Here, by analogy, the applicant reported issues with opioid-induced dyspepsia on April 28, 2015. Usage of Omeprazole was, thus, indicated to combat the same. Therefore, the request was medically necessary.