

<b>Case Number:</b>	CM15-0117451		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	08/04/1993
<b>Decision Date:</b>	09/18/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 8-4-93. The diagnoses have included lumbago, post laminectomy syndrome, cervicgia, and cervical degenerative intervertebral disc, osteoarthritis of knees, lumbar disc displacement, and obesity. Treatment to date has included medications, stretching, heat, ice, surgery, physical therapy, other modalities and home exercise program (HEP). Currently, as per the physician progress note dated 4-29-15, the injured worker complains of chronic pain in the neck and low back. The neck pain shoots into both shoulders, down the arms and into the hands. He states that the back is always painful and worsens with activities. The physical exam reveals that the weight is 293 pounds. The head and neck flexion is about 20 degrees, extension is nil, and right and left lateral rotation is about 10 degrees past midline bilaterally. The exam of the spine reveals that flexion is about 50 degrees, extension is about 5 degrees, right and left lateral bending is about 75 percent of normal and right and left lateral rotation is near full. The current medications included Lunesta, Qsymia, Opana ER, Diazepam, Oxycodone, Fortesta and Ibuprofen. There is no previous urine drug screen report noted in the records. The physician requested treatments included 30 Qsymia 15-92mg, 30 Lunesta 3mg, 180 Opana 40mg, and 30 Omeprazole 20mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **30 Qsymia 15/92mg: Upheld**

**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 <http://www.drugs.com/pro/qsymia.html>.

**Decision rationale:** Regarding the request for Qsymia, CA MTUS and ODG do not address the issue. The FDA notes that Qsymia is indicated as an adjunct to a reduced-calorie diet and increased physical activity for chronic weight management in adult patients with an initial body mass index (BMI) of 30 kg/m<sup>2</sup> or greater (obese), or 27 kg/m<sup>2</sup> or greater (overweight) in the presence of at least one weight related comorbidity such as hypertension, type 2 diabetes mellitus, or dyslipidemia. Within the documentation available for review, it appears that the patient has gained a significant amount of weight since utilizing the medication and there is no clear indication for ongoing use in the absence of clear efficacy. In light of the above issues, the currently requested Qsymia is not medically necessary.

### **30 Lunesta 3mg: Upheld**

**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 Official Disability Guidelines (ODG) Pain, Sleep Medication, Insomnia treatment.

**Decision rationale:** Regarding the request for Lunesta, California MTUS does not address the issue. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is no current description of the patient's insomnia, no discussion regarding what behavioral treatments have been attempted, and no statement indicating how the patient has responded to treatment. Furthermore, there is no indication that this medication is being used for short-term treatment as recommended by guidelines. In the absence of such documentation, the currently requested Lunesta is not medically necessary.

### **180 Opana 40mg: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Opana, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain without evidence of intolerable side effects or aberrant use. It appears that the patient is attempting to wean down on opioids and has lowered the amount of short-acting opioid utilized. In light of the above, the currently requested Opana is medically necessary.

**30 Omeprazole 20mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127.

**Decision rationale:** Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.