

Case Number:	CM15-0175533		
Date Assigned:	09/16/2015	Date of Injury:	11/06/2000
Decision Date:	10/28/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	09/07/2015

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 59-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of November 6, 2000. In a utilization review report dated July 30, 2015, the claims administrator failed to approve requests for eszopiclone, tramadol, and omeprazole. The claims administrator referenced an RFA form received on July 23, 2015 in its determination. The applicant personally appealed, stating that he believed the claims administrator's utilization review process violated a Workers' Compensation Judge-endorsed stipulated award. On February 10, 2015, the applicant reported ongoing complaints of low back pain. The applicant was working it was stated in one section of the note. Sitting and standing remained problematic. Constant pain complaints were noted. Lunesta, tramadol - acetaminophen - ondansetron, and flurbiprofen - omeprazole were endorsed. Toward the bottom of the note, it was suggested that the claimant had an awarded case (suggesting that the claimant was not, in fact, working). On an RFA form dated February 9, 2015, Lunesta and the various other agents in question were sought. The claims administrator's medical evidence log suggested that the February 10, 2015 note in fact represented the most recent note on file; thus, the July 23, 2015 RFA form on which the claims administrator based its decision upon was not seemingly incorporated into the IMR packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopiclone 1mg #90, 2 or 3 tablets at bedtime as needed 4 refills: Upheld

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

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

Decision rationale: No, the request for eszopiclone (Lunesta) #90 with four refills 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, thus, the request for 90 tablets of Lunesta with four refills, thus, was at odds with ODG's position on the same. Therefore, the request was not medically necessary.

Tramadol 50mg #200 1 or 2, 4 times a day as needed 4 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 Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Similarly, the request for tramadol, a synthetic 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, however, no recent clinical progress notes were incorporated into the IMR packet. The applicant's appeal letter failed to contain any reference of the applicant's work status. While a historical progress note of February 10, 2015 suggested that the applicant was working, this was not elaborated or expounded upon and appeared to represent a historical carry-over from previous notes. The said February 10, 2015 progress note failed to outline quantifiable decrements in pain or meaningful commentary on improvements in function (if any) effected as a result of ongoing tramadol usage. Therefore, the request was not medically necessary.

Omeprazole 20mg #30, 1 daily 5 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 Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Finally, the request for omeprazole, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. The attending provider suggested on his February 10, 2015 progress note that omeprazole was being employed for cytoprotective effect (as opposed to for active symptoms of reflux). However, the applicant seemingly failed to meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic usage of omeprazole, a proton pump inhibitor. Specifically, the applicant was less than 65 years of age (age 59), was only seemingly using one NSAID, flurbiprofen, was not using NSAIDs in conjunction with corticosteroids, and had no known history of GI bleeding or peptic ulcer disease. Therefore, the request was not medically necessary.