

<b>Case Number:</b>	CM15-0179904		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	06/22/2011
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: Massachusetts

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 62 year old male who sustained an injury on 6-22-11. Diagnoses include internal derangement of the right knee status post meniscectomy medially and laterally with evidence of grade II change along the tibial plateau laterally. 8-13-15 examination for right knee IW has frequent pain and the pain wakes him up from sleep. There is stiffness and has occasional limping if not falling. He cannot squat; reach up and down and has limitation with pushing, pulling and lifting. Treatment included hot and cold wrap and four lead TENS unit. He can walk without the brace for any more than 5 or 10 minutes; standing is 10-15 minutes; sitting up to 2 hours and he can go gingerly grocery shopping. He is retired. Treatment recommendation includes Naproxen 550 mg #60 and Trazodone 50 mg #60. The 10-panel urine screen was negative in February. The records indicate approval for Naproxen and Trazodone 50 mg and the Trazodone was not helping him with sleeping so Lunesta 2 mg #30 was recommended. Current requested treatments Aciphex generic 20 mg #30 and Lunesta 2 mg #30. Utilization review 8-25- 15 requested treatments are non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aciphex generic 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter: Online Version.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** The claimant sustained a work injury in June 2011 and is being treated for right knee pain. There is a history of a meniscectomy and a past medical history of hypertension. When seen, his weight was approximately 230 pounds. There was knee tenderness with positive McMurray testing with slightly decreased strength. Medications include naproxen. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant does not have any identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. The prescribing of a proton pump inhibitor such as Aciphex (rabeprazole) is not considered medically necessary.

**Lunesta 2 mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter (Online Version); Mental Illness & Stress (Online Version).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment.

**Decision rationale:** The claimant sustained a work injury in June 2011 and is being treated for right knee pain. There is a history of a meniscectomy and a past medical history of hypertension. When seen, his weight was approximately 230 pounds. There was knee tenderness with positive McMurray testing with slightly decreased strength. Medications include naproxen. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. Conditions such as medication or stimulant side effects, depression, anxiety, restless legs syndrome, obstructive sleep apnea, pain and cardiac and pulmonary conditions, if present, should be identified and could be treated directly. The continued prescribing of Lunesta (eszopiclone) is not medically necessary.