

Case Number:	CM15-0093356		
Date Assigned:	05/19/2015	Date of Injury:	01/12/2014
Decision Date:	07/02/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/14/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 66 year old female, who sustained an industrial injury, January 12, 2014. The injured worker previously received the following treatments psychological services, Tylenol ES, Senokot, Tramadol, Valium, Lunesta, Docusate and Omeprazole. The injured worker was diagnosed with arthropathy not otherwise specified of the ankle and foot, thoracic or lumbosacral neuritis or radiculitis not otherwise specified, cervicgia and sleep disturbance, depression, insomnia, irritability. According to progress note of May 5, 2015, the injured workers chief complaint was left ankle and left foot pain. The injured worker rated the pain 8 out of 10. The injured worker described the pain as moderate to severe. The injured worker stated the medications were helping with the pain. The injured worker showed no signs of medication dependency. The injured worker was having constipation problems. The quality of sleep has improved with Lunesta. The physical exam noted decreased range of motion of the cervical spine. There was range of motion restriction to the lumbar spine as well. There was tenderness of the paraspinal musculatures of both sides. There was decreased range of motion to the left ankle. The psychological evaluation noted depression, insomnia and irritability. The treatment plan included prescriptions for Senokot, Omeprazole, Tramadol, Lunesta and Valium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risks page(s): 69.

Decision rationale: The patient was injured on 01/12/14 and presents with left ankle pain and left foot pain. The request is for omeprazole DR 20 MG #90. There is no RFA provided and the patient is on temporary total disability. There is no indication of when the patient began taking this medication. MTUS Guidelines page 60 and 69 state that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) age greater than 65 (2) history of peptic ulcer disease and GI bleeding or perforation (3) concurrent use of ASA or corticosteroid and/or anticoagulant (4) high dose/multiple NSAID. MTUS page 69 states, "NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." The patient has an antalgic gait, is assisted with a cane, has a limited cervical/lumbar spine range of motion, tenderness along the paravertebral muscles of the cervical/lumbar spine, and has a decreased left ankle range of motion. The patient is diagnosed with arthropathy not otherwise specified of the ankle and foot, thoracic or lumbosacral neuritis or radiculitis not otherwise specified cervicalgia and sleep disturbance, depression, insomnia, and irritability. As of 05/05/15, the patient is taking Tramadol, Lunesta, Valium, and Tylenol. The treater does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by guidelines without GI risk assessment. Given the lack of rationale for its use, the requested omeprazole is not medically necessary.

Tramadol HCL ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Functional Improvement. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS page(s): 76-78, 88-89.

Decision rationale: The patient was injured on 01/12/14 and presents with left ankle pain and left foot pain. The request is for Tramadol HCL ER 150 MG #30. There is no RFA provided and the patient is on temporary total disability. There is no indication of when the patient began taking this medication. The 05/05/15 report states "discontinued: Tramadol HCL ER 150 mg capsule- vomiting and nausea." MTUS Guidelines pages 88 and 89 state, "pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior) as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after

taking the opioid, time it takes for medication to work, and duration of pain relief. The 05/05/15 report states that the patient rates her pain as an 8/10. "She states that medications are helping. She tolerates the medications well. Patient shows no evidence of developing medication dependency." In this case, none of the 4 As are addressed as required by MTUS Guidelines. Although the treater provides a general pain scale, there are no before-and-after medication pain scales. There are no examples of ADLs, which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There is no pain management issues discussed such as urine drug screens, CURES report, pain contract, etc. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Tramadol is not medically necessary.

Lunesta 1mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Non-Benzodiazepine sedative-hypnotics, Eszopicolone (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines pain chapter, insomnia treatments pain chapter, Eszopicolone (Lunesta).

Decision rationale: The patient was injured on 01/12/14 and presents with left ankle pain and left foot pain. The request is for Lunesta 1 MG #30. There is no RFA provided and the patient is on temporary total disability. There is no indication of when the patient began taking this medication. ODG Guidelines pain chapter, under insomnia treatments section states, "Eszopiclone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. The only benzodiazepine-receptor agonist FDA approved for used longer than 35 days. A randomized, double-blind controlled clinical trial with 830 primary insomnia patients reported significant improvement in the treatment group when compared to the controlled group for sleep latency, wake after sleep onset, and total sleep time over a 6-month period." ODG Guidelines pain chapter, under Eszopicolone (Lunesta), this medication is "not recommended for long-term use, but recommended for short-term use." The 05/05/15 report indicates that "quality of sleep is poor" patient states the nights she takes Lunesta she sleeps better. It is unknown when the patient began taking this medication. In regards to Lunesta, ODG Guidelines do not recommend for "long-term use, but recommended for short-term use." Since it is unknown when the patient began taking Lunesta, the patient may have already been taking this on a long-term basis. Therefore, the requested Lunesta is not medically necessary.

Valium 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Functional Improvement.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine page(s): 24. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) chapter, Benzodiazepine.

Decision rationale: The patient was injured on 01/12/14 and presents with left ankle pain and left foot pain. The request is for Valium 10 MG #30. There is no RFA provided and the patient is on temporary total disability. There is no indication of when the patient began taking this medication. ODG guidelines, Chapter on Pain (Chronic), on topic Benzodiazepine, have the following regarding insomnia treatments: "not recommended for long-term use (longer than 2 weeks), because long-term efficacy is unproven, and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks." MTUS guidelines, page 24, states "Benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." The patient has an antalgic gait, is assisted with a cane, has a limited cervical/lumbar spine range of motion, tenderness along the paravertebral muscles of the cervical/lumbar spine, and has a decreased left ankle range of motion. The patient is diagnosed with arthropathy not otherwise specified of the ankle and foot, thoracic or lumbosacral neuritis or radiculitis not otherwise specified, cervicalgia and sleep disturbance, depression, insomnia, and irritability. It is unknown when the patient began taking this medication. ODG guidelines recommend against the use Valium for more than 4 weeks and MTUS does not allow benzodiazepine for long-term use. Since it is unknown when the patient began taking Valium, the patient may have already been taking this on a long-term basis. Therefore, the requested Valium is not medically necessary.