

<b>Case Number:</b>	CM15-0093559		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	12/23/2004
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Internal 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 injured worker is a 46-year-old female, who sustained an industrial injury on December 23, 2004. She reported neck and knee pain. The injured worker was diagnosed as having chronic multifactorial cervical pain with bilateral cervical radiculopathy, bilateral lower back pain, and depression secondary to pain and disability. She is status post anterior cervical fusion of cervical 4-7 in 2008. Diagnostic studies to date have included MRI, x-rays, and electro diagnostic studies. Treatment to date has included physical therapy, chiropractic therapy, trigger point injections, and medications including short-acting and long acting oral pain, topical pain antidepressant, anti-anxiety, non-steroidal anti-inflammatory, muscle relaxant, proton pump inhibitor, anti-epilepsy, and sleep. On April 9, 2015, the injured worker complains of cervical and lower back pain, which is unchanged since the prior visit. She reports that she has been limited with an ability to perform basic function including house cleaning, shopping, and self-hygiene. Her pain is rated 10/10 with pain and anti-epilepsy medications and 5-6/10 with pain and anti-epilepsy medications. Her average pain level in the last week = 10/10. Her sleep disturbance level from pain = 10/10. The physical exam was unremarkable. The requested treatments include Lunesta, Percocet, and Nexium.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 3mg #15, with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

**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 - Eszopicolone (Lunesta).

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) does not address Lunesta (Eszopiclone). Official Disability Guidelines (ODG) state that Lunesta (Eszopiclone) is not recommended for long-term use, but recommended for short-term use. ODG guidelines recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. Sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are rarely, if ever, recommended by pain specialists for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers may. There is also concern that they may increase pain and depression over the long-term. In general, receiving hypnotic prescriptions was associated with greater than a threefold increased hazard of death even when prescribed less than 18 pills/year. Previously recommended doses can cause impairment to driving skills, memory, and coordination as long as 11 hours after the drug is taken. Despite these long-lasting effects, patients were often unaware they were impaired. The progress report dated February 12, 2015 documented a previous prescription for Lunesta 3 mg #30 with 4 refills, and that a prescription of Lunesta written on February 12, 2015. The progress report dated April 9, 2015 documented a prescription for Lunesta. Medical records document the long-term use of Lunesta, which is not supported by ODG guidelines. ODG guidelines do not support the long-term use of Lunesta. Therefore, the request for Lunesta 3 mg #15 with 3 refills is not medically necessary.

**Nexium #30 with 5 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page 68-69.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. High dose NSAID use is a gastrointestinal risk factor. The treating physician's progress report dated April 9, 2015 does not document the prescription of non-steroidal anti-inflammatory drugs (NSAIDs). The progress reports dated April 9, 2015 do not document gastrointestinal complaints or active diagnoses. Therefore, the request for the proton pump inhibitor Nexium (Esomeprazole) is not supported by MTUS guidelines. Therefore, the request for Nexium is not medically necessary.

