

Case Number:	CM13-0029496		
Date Assigned:	01/24/2014	Date of Injury:	04/22/2007
Decision Date:	03/25/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 22, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; prior lumbar fusion surgery at L4-L5 and L5-S1 in February 2009; multiple epidural steroid injections; subsequent lumbar hardware removal surgery in August 2011; and work restrictions. It is not clearly stated whether the applicant has returned to work with said limitations in place. In a Utilization Review Report of September 19, 2013, the claims administrator denied a request for Ambien and Prilosec while approving Norco, Neurontin, and hardware removal surgery. The applicant's attorney subsequently appealed. An earlier note of August 14, 2013 is notable for comments that the applicant reports persistent low back pain, 6-7/10. Hardware removal procedure is again sought. The applicant exhibits an antalgic gait with limited range of motion about the lumbar spine and altered sensorium about the lower extremities. Norco, Neurontin, Medrox, and Prilosec are renewed. These medications do not cause any side effects, it is stated. The applicant is given work restrictions; it is unclear whether these limitations have been accommodated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg 30 tablets: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ambien (Zolpidem).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Zolpidem Topic.

Decision rationale: MTUS does not address the topic. As noted in the ODG Chronic Pain Chapter, zolpidem topic, zolpidem or Ambien is indicated in the short-term management of insomnia, typically on the order of two to six weeks. It is not indicated in the chronic, long-term, and/or scheduled usage for which is being proposed here. Therefore, the request remains non-certified, on Independent Medical Review.

90 Prilosec 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

Decision rationale: While Page 69 of the MTUS Chronic pain Medical Treatment Guidelines does support usage of Prilosec, proton pump inhibitor, and the treatment of NSAID induced dyspepsia, in this case, however, the documentation on file does not establish the presence of any active signs or symptoms of reflux, heartburn, or dyspepsia for which ongoing usage of Prilosec would be indicated. Therefore, the original utilization review decision is upheld. The request remains non-certified, on Independent Medical Review.