

<b>Case Number:</b>	CM13-0036285		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	12/27/2000
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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/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 patient is a 64-year-old female who reported an injury on 12/27/2000. The mechanism of injury was not provided. The progress report dated 08/28/2013 indicated patient had complaints of constant neck pain with numbness and tingling in the upper extremities. Patient also had complaints of constant thoracolumbar pain. Upon examination there was significant muscle spasm to the upper trapezius muscles, bilaterally. There was suboccipital tenderness and aggravation of the patient's headache with palpation. Foraminal compression aggravated the pain. Spurling's maneuver was mildly positive. Upon examination of the lumbar spine there is spasm and tenderness in the paraspinal muscles. There was pain with motion. Sciatic stretch was positive. Medications included hydrocodone/APAP 10/325 mg every 6 to 8 hours as needed for pain, Zantac 150 mg twice daily, Zolpidem 10 mg at bedtime, cyclobenzaprine 7.5 mg every 12 hours as needed for spasms, gabapentin 600 mg 3 times daily as needed for neuropathic pain, Narcosoft 3 to 4 capsules daily. It was noted the patient was prescribed Zantac 150 mg twice daily for GI upset caused by long term Norco use. In addition, it was noted the patient was prescribed Narcosoft for constipation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHARMACY PURCHASE OF ZANTAC 150MG #90 2 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 Treatment Guidelines NSAIDS, GASTROINTESTINAL (GI) SYMPTOMS & CARDIOVASCULAR RISK Page(s): 69.

**Decision rationale:** The request for pharmacy purchase of Zantac 150 mg #90 two refills is non-certified. The California MTUS says treatment of dyspepsia secondary to NSAID therapy: stop the NSAID, switch to a different NSAID, or considered H2 receptor antagonists or a PPI. The records submitted for review failed to include documentation that the patient was on an NSAID to support the use of an H2 receptor antagonists. In addition, the records submitted for review failed to include documentation of the effectiveness and the occurrence or nonoccurrence of side effects the patient had with the use of Zantac 150 mg. As such, the request for Zantac 150 mg #90 two refills is not supported. Therefore, the request is non-certified.

**PHARMACY PURCHASE OF ZOLPIDEM 10MG #30 2 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) PAIN ZOLPIDEM (AMBIEN)

**Decision rationale:** The request for zolpidem 10 mg #30 two refills is non-certified. The California MTUS/ACOEM does not address Zolpidem. However, the Official Disability Guidelines state that Zolpidem is prescribed as a short acting nonbenzodiazepines hypnotic, which is approved for short term (usually 2 to 6 weeks) treatment of insomnia. The records submitted for review failed to include documentation of the duration, the effectiveness, the occurrence or nonoccurrence of side effects with the use of Zolpidem. As such, the request for pharmacy purchase of Zolpidem 10 mg #30 two refills is not supported. Therefore, the request is non-certified.

**PHARMACY PURCHASE OF CYCLOBENZAPRINE 7.5MG #60 2 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 Treatment Guidelines CYCLOBENZAPRINE Page(s): s 41-42. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CYCLOBENZAPRINE , 41-42

**Decision rationale:** The request for pharmacy purchase of cyclobenzaprine 7.5 mg #60 two refills is non-certified. The California MTUS states cyclobenzaprine (Flexeril) is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The records submitted for review failed to include documentation of the duration, the effectiveness, and the occurrence or nonoccurrence

of side effects the patient had while taking cyclobenzaprine. As such, the request for cyclobenzaprine 7.5 mg #60 two refills is not supported. Therefore, the request is non-certified.

**PHARMACY PURCHASE OF NARCOSOFT #90: 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) PAIN COMPOUND DRUGS

**Decision rationale:** The request for pharmacy purchase of Narcosoft #90 is non-certified. The California MTUS/ACOEM does not address Narcosoft. However, the Official Disability Guidelines state that compound drugs are not recommended as a first line therapy for most patients, but recommended as an option after a trial of first line FDA approved drugs, if the compound drug uses FDA approved ingredients are recommended in the ODG. The records submitted for review indicated that Narcosoft was prescribed for constipation. However, the records submitted for review failed to include documentation of first line therapy of an FDA approved drug that had failed. In addition, the documentation provided for review failed to include effectiveness and the occurrence or nonoccurrence of side effects with the use of Narcosoft. As such, the request for Narcosoft #90 is not supported. Therefore, the request is non-certified.