

Case Number:	CM13-0043419		
Date Assigned:	12/27/2013	Date of Injury:	01/31/2003
Decision Date:	02/20/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/24/2013

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 Anesthesia, has a subspecialty in Acupuncture and Pain 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 patient is a 70 year old female who reported a work injury on 1/31/03 with related low back pain radiating to the hips, worsening bilateral knee and hand pain, and weakness and stiffness of the bilateral knees. The injured worker has undergone right total knee arthroplasty 9/12/11; left total knee arthroplasty 10/25/12; physical therapy 18 visits approved 8/13/13; and treatment with medications. She had post-operative gastrointestinal complications from her 10/2012 operation which required surgery and was hospitalized for 6 months, discharged to skilled nursing facility 5/31/13. She is status post resection of the left colon, colostomy creation 11/2012. The injured worker is obese with obstructive sleep apnea. The date of UR decision was 10/18/13

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg take 1 daily QTY 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain (chronic). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic)

Decision rationale: The documentation provided for review indicates the injured worker is above age 65 and is taking low dose ASA, however, it does not sufficiently establish risk for gastrointestinal GI events to necessitate the use of this medication. The request is not medically necessary. The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (CPMTG) recommend the use of proton pump inhibitors in conjunction with NSAIDs in situations in which the patient is at risk for gastrointestinal events including: "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). CPMTG guidelines further specify: "Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.)"

Sonata take 1 at bedtime QTY 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain (chronic), Insomnia treatment. Decision based on Non-MTUS Citation ODG

Decision rationale: The documentation submitted for review do not detail a sleep disturbance which necessitates this medication. Additionally, the submitted medical records do not document efficacy or frequency and duration of this medication. The request is not medically necessary. With regard to insomnia treatment, the ODG guidelines state "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien® and Ambien® CR), zaleplon (Sonata®), and eszopicolone (Lunesta®). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency. Although direct comparisons between benzodiazepines and the non-benzodiazepine hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action."