

<b>Case Number:</b>	CM13-0053781		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/18/2007
<b>Decision Date:</b>	03/14/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 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:

Pt. is a 58 year old who sustained injury on 10/18/2007 to her neck, both ankles, lower back and head. Clinical note dated 10/17/2013 by [REDACTED] indicates that she presented with complaints of severe lower back pain due to lumbosacral degenerative joint and disc disease and facet arthropathy. She had radiofrequency neurotomy which contributed to decrease in her pain. The pt. is able to remain on a relatively conservative regimen of medication. The pt. states the average pain without medications is a 10/10. With medications the pain is rated 5/10. At this visit the pain rated 9/10 on pain scale. Medications prescribed are keeping the patient functional allowing for increased mobility and tolerance of ADL's and home exercises. No side effects are associated with these. On physical exam the pt. is well nourished, well hydrated in no acute distress. Respiratory function efforts reveal no intercostal retractions or use of accessory muscles. The skin was inspected with no rash or lesions noted. The neurological exam revealed deep tendon reflexes in the upper and lower extremities that were normal bilaterally. The Lumbar/Sacral Exam revealed palpation and tenderness which was abnormal at location L3 -L4; TTP Paraspinals. On motor exam the gait, posture and strength all revealed normal results. The pt. was diagnosed with Lumbago and Degenerative Lumbar/Lumbosacral Intervertebral Disc. Treatment plan was to continue with Vicoprofen 7.5 - 200mg 1 PO TID - QID prn for pain, Ambien 5 mg tabs 1 per mouth nightly, Lidoderm 5 % Patch daily as directed and Prilosec 20 mg CPDR 1 per mouth nightly.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg (Omeprazole) Qty 120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**Decision rationale:** As per CA MTUS guidelines, Omeprazole is a PPI, which is not recommended for long-term use due to increase risk of hip fracture. Additionally there is no mention about whether the patient is taking NSAIDS and causing GI upset or cardiovascular risks. Therefore the request is non-certified.

**Lidoderm 5% Patch (Lidocaine), Qty 120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 -112.

**Decision rationale:** As per CA MTUS Lidoderm 5 % is topical dermal patch recommended for localized peripheral pain. This determination is after there has been evidence of a trial of first - line therapy (tri -cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case there is no documentation of localized, peripheral neuropathic pain. Neurological exam was documented as unremarkable. Therefore, Lidoderm is non-certified.

**Ambien 5mg Tabs (Zolpidem Tartrate), Qty 120: 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** As per CA ODG, Ambien (Zolpidem) is a non-benzodiazepine - receptor agonist hypnotic. \ "Zolpidem is a prescription short - acting nonbenzodiazepine hypnotic, which is approved for the short - term (Usually two to 6 weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short - term benefit. While sleeping pills, so called minor tranquilizers, and anti- anxiety agents are commonly prescribed in chronic pain, pain specialists rarely if ever, recommend them for long use. They can be habit forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long- term.\ The patient was prescribed this medication since 2007, at the start of this case. Therefore the request is non -certified.

**Vicoprofen 7.5-200mg Tabs (Hydrocodone-Ibuprofen), Qty 400: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**Decision rationale:** As per CA MTUS, Vicoprofen is an opioid with a strength equivalent to morphine. MTUS Chronic Pain guidelines support continuing opioid use. "(a) if the patient has returned to work", or \" (b) If the patient has improved functioning and pain\". Clinical records show no documentation of returning to work or other functional improvement attributable to ongoing opioid use. Therefore the request is non-certified.