

<b>Case Number:</b>	CM14-0107029		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	08/03/2002
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 50-year-old female who reported injuries due to a motorcycle accident on 08/03/2002. On 04/09/2014 her diagnoses included: history of left fib/tib fracture with ORIF, left EHL and anterior tibialis tendon repair in 2002; chronic right shoulder pain; an MRI from 07/17/2009 showed chronic rotator cuff tear; an MR arthrogram from 11/24/2009 showed extensive infraspinatus/supraspinatus partial tearing; surgical repair of the right shoulder on 06/25/2012; chronic left knee pain, MRI of the left knee from 07/28/2011 showing chondromalacia, anterior tibial ossific spur; surgical repair of the left knee on 09/16/2013 with removal of large bone spur; low back pain, MRI from 09/2007 showed 3 mm disc bulge at L4-5 with facet hypertrophy and mild central spinal stenosis and bilateral foraminal narrowing; needle EMG studies consistent with the right C6 radiculopathy; chronic neck pain, an MRI from 02/2013 showed multilevel degenerative disc changes and mild narrowing of the central canal at C4-5 and C5-6 with facet arthritic changes at multiple levels around C3-6; unremarkable MRI of the brain from 07/22/2010; and depression and insomnia secondary to chronic pain issues. The complaints included persistent low back pain and left lower extremity pain rating at 9/10 coming down to 3/10 with medication. Knee pain rated at 8/10 coming down to 2/10 with medication. Neck pain radiating into her occipital scalp and then wrapping around causing significant headaches on an almost daily basis. Without Imitrex, it built up to 10/10 with nausea and vomiting. When she took Imitrex at the onset of the headache, it completely resolved and became 0/10. Zanaflex and Norco were significantly helpful for the myofascial back pain. They allowed her to continue her activities of daily living including, cooking, cleaning, laundering, and self-hygiene with walking for exercise on a consistent basis. She stated that if she went without her Neurontin, her extremity pain was significant, with increased shooting, numbness and tingling. The Neurontin reduced her lower extremity pain to 1/10. The Prozac helped

stabilize her mood and prevented depression, anxiety, mood swings and anger. Her medications included Norco 10/325 mg, Prilosec 20 mg, Zanaflex 4 mg, Neurontin 600 mg, Prozac 20 mg and Imitrex 50 mg. Ambien 5 mg was added to her medication regimen to take "once in a while as needed for sleep". On 06/04/2014 it was noted that she was doing much better taking the Ambien. It was changed from an as needed basis to a once a day basis. There was no rationale for the requested Prilosec. A Request for Authorization date 06/25/2014 was included in this injured worker's chart.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Retrospective Ambien 5mg #60 between 6/4/2014 and 6/4/2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, Pain (Acute and Chronic)

**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 Retrospective Ambien 5mg #60 between 6/4/2014 and 6/4/2014 is not medically necessary. Per the Official Disability Guidelines, Ambien is a short acting nonbenzodiazepine hypnotic which is approved for short term treatment of insomnia, usually 2 to 6 weeks. While sleeping pills, so-called minor tranquilizers and are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long term 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. Ambien has been linked to a sharp increase in emergency room visits, so it should be used safely for only a short period of time. At the time of the retrospective request, this injured worker had been taking Ambien for 2 months which exceeds the recommendations in the guidelines. Additionally, the request did not include frequency of administration. Therefore, this request for Retrospective Ambien 5 mg #60 between 6/4/2014 and 6/4/2014 is not medically necessary.

#### **Retrospective Prilosec 20mg #120 between 6/4/2014 and 6/4/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The request for Retrospective Prilosec 20 mg #120 between 6/4/2014 and 6/4/2014 is not medically necessary. The California MTUS Guidelines suggest that proton pump inhibitors, which include Prilosec, may be recommended but clinicians should weigh the indications for NSAIDs against GI risk factors. Those factors determining if a patient is at risk

for gastrointestinal events include age greater than 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids and/or anticoagulants or high dose/multiple NSAID use. Prilosec is used in the treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, laryngopharyngeal reflux. The injured worker did not have any of the above diagnoses nor did she meet any of the qualifying criteria for risks for gastrointestinal events. Additionally, the request did not specify frequency of administration. Therefore, this request for Retrospective Prilosec 20mg #120 between 6/4/2014 and 6/4/2014 is not medically necessary.