

Case Number:	CM14-0010214		
Date Assigned:	06/11/2014	Date of Injury:	09/13/2005
Decision Date:	07/21/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/27/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 51-year-old female with an injury reported on 09/13/2005. The mechanism of injury was not provided within the clinical notes. The clinical note dated 12/20/2013 reported that the injured worker complained of low back pain and intermittent left leg pain. The physical examination of the lumbar spine revealed decreased sensation to the left S1 dermatome. The injured worker was reported to have a negative straight leg raise. The motor strength to the lumbar spine was reported as 5/5. The injured worker's prescribed medication list included Norco, Protonix, and Ambien. The injured worker's diagnoses included disorders sacrum and sciatica. The provider requested Norco for the treatment of pain; Protonix for the treatment of gastrointestinal upset; and Ambien for the treatment of sleeplessness. The Request for Authorization was submitted on 01/21/2014. The injured worker's prior treatments included weight loss program, exercise program, and yoga.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10-325 MG ONE TABLET EVERY SIX TO EIGHT HOURS AS NEEDED FOR PAIN QUANTITY 110: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, SPECIFIC DRUG LIST; OPIOIDS, CRITERIA FOR USE Page(s): 91, 78.

Decision rationale: The request for Norco 10/325 mg 1 tablet every 6 to 8 hours as needed for pain quantity 110 is non-certified. The injured worker complained of low back and left leg pain. The treating physician's rationale for Norco is for the treatment of pain. The California MTUS guidelines state that Norco is a short-acting opioid, which is an effective method in controlling chronic, intermittent or breakthrough pain. The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There is a lack of clinical information documenting the efficacy of Norco as evidenced by decreased pain and significant objective functional improvements. Moreover, there is a lack of documentation that the injured worker has had urine drug screens to validate proper medication adherence in the submitted paperwork. As such, the request is not medically necessary.

PANTOPROZOLE PROTONIX 20 MG QUANTITY 60: 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 NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68.

Decision rationale: The request for pantoprazole Protonix 20 mg quantity 60 is non-certified. The injured worker complained of low back and left leg pain. The treating physician's rationale for Protonix is for the treatment of gastrointestinal upset. The CA MTUS guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term of PPI (> 1 year) which has been shown to increase the risk of hip fracture. There is a lack of clinical information provided indicating the injured worker had gastritis. There is a lack of documentation of NSAID side effects reported by the injured worker that would warrant the use of a proton pump inhibitors. Moreover, there is a lack of clinical information provided indicating how long the injured worker has used Protonix. The guidelines identify increased risk for hip fracture with long term usage of proton pump inhibitors. The injured worker also fails to fit the criteria of any significant risk for gastrointestinal bleeding or perforation. Therefore, the request is not medically necessary.

AMBIEN 10 MG TABLET ONE TAB AS NEEDED FOR SLEEP: 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), Pain, Zolpidem (Ambien).

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 Ambien 10 mg tablets 1 tab as needed for sleep is non-certified. The injured worker complained of low back and left leg pain. The treating physician's rationale for Ambien is for the treatment of sleeplessness. The Official Disability Guidelines recommend ambien as a short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six 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. There is a lack of clinical evidence indicating the efficacy of Ambien as evidence by an improved sleep hygiene. There is a lack of clinical information indicating how long the injured worker has used Ambien. The guidelines recommend benzodiazepines for a short term course for the treatment of insomnia. As such, the request is not medically necessary.