

Case Number:	CM14-0136857		
Date Assigned:	09/03/2014	Date of Injury:	02/27/2008
Decision Date:	10/02/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/25/2014

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 and Rehabilitation 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 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 56-year-old male with date of injury of 02/27/2008. The listed diagnoses per [REDACTED] dated 08/07/2014 are: 1. Degenerative disk disease of the lumbar spine. 2. Discogenic pain. 3. Spondylosis of the lumbar spine. 4. Lower extremity radiculitis. 5. Status post disk replacement, 2 levels from 11/29/2010. 6. Situational depression secondary to DDD (degenerative disc disease) of the lumbar spine. According to this report, the patient complains of severe increase in anxiety and difficulty coping with his pain. His anxiety is exacerbating his pain. The physical examination shows the patient has increased pain with range of motion in the lumbar spine and myofasciitis. He had a positive straight leg raise on the left. No motor or sensory deficits were elicited. Deep tendon reflexes were present and equal bilaterally. The Utilization Review denied the request on 08/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg, #30: 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) Ambien

Decision rationale: This patient presents with low back pain. The treater is requesting Ambien 10mg, #30. The MTUS and ACOEM Guidelines are silent with regards to this request. However, ODG Guidelines on zolpidem states that it is indicated for short term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. The records show that the patient last utilized Ambien in 2011 and 2012. While the patient can benefit from a short course of Ambien, the treater's requested quantity exceeds ODG Guidelines. Recommendation is for denial.

Intermezzo 3.5mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drug Manufacturer Literature Sanofi-Synthelabo, Inc. (March 2004)

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

Decision rationale: This patient presents with low back pain. The treater is requesting Intermezzo 3.5mg, #30, a sublingual tablet Ambien. The MTUS and ACOEM Guidelines are silent with regards to this request. However, ODG Guidelines on zolpidem states that it is indicated for short term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. The records show that the patient last utilized Intermezzo in 2011 and 2012. In this case, the guidelines do not support a long-term use of Ambien. The treater does not mention that this is to be used for a short-term only. Recommendation is for denial.

Protonix 20mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68, 69.

Decision rationale: This patient presents with low back pain. The treater is requesting Protonix 20mg, #30. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risk states that it is recommended with precaution for patients at risk for gastrointestinal events; ages greater than 65; history of peptic ulcer; GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or anticoagulant; high dose multiple NSAIDs. The records show that the patient started taking Protonix in 2011. The treater notes on 11/28/2012, "He continues to have stomach problems due to taking medications. " Given that the treater has documented gastrointestinal events with medication use, recommendation is for authorization.