

<b>Case Number:</b>	CM14-0139812		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	09/19/2013
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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, has a subspecialty in Interventional Spine, 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 47-year-old male with a date of injury of 09/19/2013. The listed diagnoses per [REDACTED] are: 1. Chronic low back pain secondary to grade 2 anterolisthesis of L5 to S1. 2. Chronic left hip pain. 3. High blood pressure. 4. Chronic left shoulder pain. 5. Insomnia secondary to pain. According to progress report 08/06/2014, the patient presents with continued low back pain with pins and needles sensation to his bilateral toes. Treater states the patient is using ibuprofen for pain and omeprazole for gastric protection. The diazepam along with Ambien has been helping patient with his sleep. The treater states the patient will be undergoing surgery and expects to find him TTD for minimum of 6 months and perhaps up to a year depending on the results of the surgery. Examination revealed antalgic gait favoring the right lower extremity. Flexion is 80 degrees. Extension is to neutral position and lateral bending to the right, and the left is between 25% and 50% normal. The treater is requesting ibuprofen 800 mg #60, zolpidem 10 mg #30, diazepam 5 mg #30, omeprazole 20 mg #30, and Percocet 10/325 mg #120. Utilization review denied the request on 08/20/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem 10mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines TWC Pain Chapter Insomnia Treatment

**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:** This patient presents with constant low back pain and bilateral radiculopathy going down to his feet. The treater is requesting a refill of Ambien 10 mg for patient's sleep issues. The MTUS and ACOEM Guidelines do not discuss Ambien. However, ODG Guidelines states that zolpidem (Ambien) is indicated for short term treatment of insomnia with difficulty of sleep onset 7 to 10 days. Review of the medical file indicates the patient has been prescribed Ambien since 06/11/2014. ODG does not recommend long-term use of this medication. The request is not medically necessary.

**Diazepam 5mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

**Decision rationale:** This patient presents with constant low back pain with bilateral radiculopathy that radiates down to his feet. The treater is requesting a refill of diazepam 5 mg #30 and states this medication combined with Ambien helps patient with his sleep. The MTUS Guidelines do not support long term use of benzodiazepine, and when used recommendation is for no more than 2 to 3 weeks. The treater has been recommending this medication for patient's sleep issues since 05/14/2014. Benzodiazepines are not recommended for long-term use when used to treat insomnia. The request is not medically necessary.

**Ibuprofen 800mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammation).

**Decision rationale:** This patient presents with constant low back pain that radiates into the lower extremities. The treater is requesting a refill of ibuprofen 800 mg #60 stating that this medication has been helpful in patient's grade 2 anterolisthesis. For anti-inflammatory medications, the MTUS Guidelines page 22 states, "Anti-inflammatory are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted." In this case, the patient has been taking ibuprofen since at least

01/04/2014. The treater states this medication has been helping with patient's grade 2 anterolisthesis. Given treater's statement of efficacy, the request is medically necessary.

**Omeprazole 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI Symptoms & Cardiovascular Risk Page(s): 68-69.

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

**Decision rationale:** This patient presents with constant low back pain that radiates into the lower extremity and to the feet. The treater is requesting a refill of omeprazole 20 mg #30 stating this medication is taken for "gastric protection, because there are 15,000 deaths attributed to the use of non-steroids per year in the U.S." The MTUS Guidelines page 68 and 69 state that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. The patient has been taking NSAID on a long term basis, but the treater does not document dyspepsia or any GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. The request is not medically necessary.

**Percocet 10/325mg #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

**Decision rationale:** The treater is requesting a refill of Percocet 10/325 mg #120. Review of the medical file indicates the treater has dispensed this medication on a monthly basis since 05/14/2014. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater does not provide pain assessment or outcome measures, as required by MTUS for long term opiate use. Furthermore, there are no discussions of this medication's efficacy in terms of functional improvement, quality of life change, or increase in activities of daily living. Given the lack of sufficient documentation warranting long term opiate use, the request is not medically necessary.