

<b>Case Number:</b>	CM14-0149085		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	04/05/2013
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Family Medicine 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:

This is a 54 years old male injured worker who sustained an injury on 4/5/2013. He sustained an injury while carrying a roll of plastic, he tripped and fell backward. The current diagnoses include lumbar disc disease, lumbar spine facet syndrome and right knee internal derangement. Per the doctor's note dated 11/26/2014, he had complaints of low back pain with radiation to the buttocks. The physical examination revealed lumbar spine-straightening of lordotic curvature, tenderness with spasm, positive straight leg raising at 70 degrees bilaterally, range of motion- flexion 60, extension 5 and lateral bending 30 degrees; right knee- tenderness over the medial and lateral joint line, range of motion- flexion 100 and extension -5 degrees, positive Lachman, McMurray and patellar compression test, 4/5 strength in right knee extensors. The current medications list includes Sonata, Tramadol, Cyclobenzaprine, Naproxen, Prilosec and Norflex. He has had EMG/NCS dated 2/25/2014 which revealed right chronic L4 radiculopathy; MRI lumbar spine dated 4/30/13 which revealed congenital central spinal canal stenosis of the upper lumbar spine, multilevel disc bulge and degenerative changes; MRI right knee dated 4/30/2013 which revealed complex tear of medial and lateral meniscus and tibiofemoral osteoarthritis and grade 1 sprain of superficial medial collateral ligament; nerve conduction study of upper extremity on 5/22/13 which revealed left carpal tunnel syndrome; cervical spine MRI dated 2/26/14 which revealed multilevel disc bulge and degenerative changes. He has had physical therapy visits and acupuncture visits for this injury. He has had last urine drug screen in 3/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs).

**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:** Omeprazole is a proton pump inhibitor. Regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events, patient's at high risk for gastrointestinal events, treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDS when- " (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." There is no evidence in the records provided that the injured worker has abdominal/gastric symptoms with the use of NSAIDs. The records provided do not specify any objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer. The medical necessity for Prilosec 20mg #30 is not established; therefore, the request is not medically necessary.

**Sonata 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 (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain, Insomnia Treatment, (2) Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists)

**Decision rationale:** Sonata contains Zaleplon which is a short-acting non-benzodiazepine hypnotic. It is approved for short-term use only. CA MTUS does not specifically address this request. Per the ODG "Zaleplon (Sonata) reduces sleep latency. This medication has a rapid onset of action. Short-term use (7-10 days) is indicated with a controlled trial showing effectiveness for up to 5 weeks. "A trial of other non-pharmacological measures for the treatment of insomnia was not specified in the records provided. In addition, Zaleplon is approved for short-term use only. Injured worker has been taking sonata since a long time. The medical necessity of Sonata 10mg #30 is not fully established; therefore, the request is not medically necessary.

**Urine Drug Screen: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Steps to Avoid Misuse/Addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Medical Treatment Guidelines; Drug testing Page(s): 43.

**Decision rationale:** Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." The current medications list includes Sonata, Tramadol, Cyclobenzaprine, Naproxen, Prilosec and Norflex. Any evidence that the injured worker has a history of taking illegal drugs or potent high dose opioids is not specified in the records provided. History of aberrant drug behavior is not specified in the records provided. In addition, injured worker has already had a urine drug screen in 3/2014. The rationale for a repeat urine drug screen without history of aberrant drug behavior is not specified in the records provided. The medical necessity of a urine drug screen is not established; therefore, the request is not medically necessary.