

Case Number:	CM14-0153337		
Date Assigned:	09/23/2014	Date of Injury:	07/27/2011
Decision Date:	11/20/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/19/2014

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 Occupational 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 case is a 60 year old male with a date of injury on 7/27/2011. A review of the medical records indicates that the patient has been undergoing treatment for carpal tunnel syndrome bilaterally, cervical/lumbar disc bulge, and osteoarthritis of bilateral knees. Subjective complaints (7/31/2014) include pain to neck, bilateral hands, lower back, bilateral knees, numbness to both hands, sharp pain to right knee that is worsen with walking. Objective findings (7/31/2014) include trapezeus spasms, paraspinal muscle tenderness, and spasms to lumbar spine. Treatment has included Ambien (since at least 5/2014), Protonix, Soma (since at least 5/2014), Percocet. A utilization review dated 9/8/2014 was deemed not medically necessary for the following: - Ambien 5mg #60- Protonix 20mg #60- Soma 350mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Ambien 5mg #60, 2 PO HS, on 1/24/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7,8.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain, Zolpidem, insomnia treatment.

Decision rationale: The CA MTUS is silent regarding this topic. The ODG states that zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia. In this case, the patient has been taking this medication far in excess of what would be considered "short term". There has been no discussion of the patient's sleep hygiene or the need for variance from the guidelines, such as "a) Wake at the same time every day; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping." Medical documents also do not include results of these first line treatments, if they were used in treatment of the patient's insomnia. ODG additionally states "The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." Medical documents provided do not detail these components. As such, the request for Retrospective request for Ambien 5mg #60, 2 PO HS, on 1/24/14 is not medically necessary at this time.

Retrospective request for Protonix 20mg #60, 1 PO BID, on 1/24/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment of Dyspepsia Secondary to NSAID Therapy Page(s): 69.

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

Decision rationale: Protonix is the brand name version of Pantoprazole, which is a proton pump inhibitor. The MTUS states, "Determine if the patient is at risk for gastrointestinal events: (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)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease : (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The ODG states, "If a PPI is used, Omeprazole OTC tablets or Lansoprazole 24HR OTC are recommended for an equivalent clinical efficacy and significant cost savings. Products in this drug class have demonstrated equivalent clinical efficacy and safety at comparable doses, including Esomeprazole (Nexium), Lansoprazole (Prevacid), Omeprazole (Prilosec), Pantoprazole (Protonix), Dexlansoprazole (Dexilant), and Rabeprazole (Aciphex). (Shi, 2008) A trial of Omeprazole or Lansoprazole is recommended before Nexium therapy. The other PPIs, Protonix, Dexilant, and Aciphex, should also be second-line. According to the latest AHRQ Comparative Effectiveness Research, all of the commercially available PPIs appeared to be similarly effective. (AHRQ, 2011)." The patient does not meet the age recommendations for increased GI risk. The medical documents do not establish a history of peptic ulcer, GI bleeding/perforation. Medical records do not indicate that the patient is on ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. Additionally, Pantoprazole is considered second line therapy and the treating physician has not provided

detailed documentation of a failed trial of omeprazole and/or lansoprazole. As such, the request for retrospective request for Protonix 20mg #60, 1 PO BID, on 1/24/14 is not medically necessary.

Retrospective request for Soma 350mg #120, 1 PO Q 6-8, on 1/24/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) and Muscle relaxants (for pain) Page(s): 29, 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Soma (Carisoprodol)

Decision rationale: Soma is the brand name version of the muscle relaxant Carisoprodol. The MTUS guidelines state that Soma is "Not recommended. This medication is not indicated for long-term use." The MTUS continues by discussing several severe abuse, addiction, and withdrawal concerns regarding Soma. Soma is not recommended for longer than a 2 to 3 week period and that weaning of medication should occur, according to MTUS. The medical record indicate that the patient has been on Soma far in excess of the 2-3 week period. The treating physician does not detail any extenuating circumstances on why exception to the guidelines should be allowed. As such, the request for Retrospective request for Soma 350mg #120, 1 PO Q 6-8, on 1/24/14 is not medically necessary.