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| Case Number: | CM14-0169781 | | |
| Date Assigned: | 10/20/2014 | Date of Injury: | 09/14/2001 |
| Decision Date: | 11/20/2014 | UR Denial Date: | 09/30/2014 |
| Priority: | Standard | Application Received: | 10/14/2014 |

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 Pain Management 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 injured worker is a 44 year old male with a date of injury on 9/14/2001. He is diagnosed with chronic low back pain. He has a history of lumbar fusion from L4 to S1. Magnetic resonance imaging from 2/27/2012 showed disc protrusion at L3-L4 with degeneration. It also showed surgical levels at L4-L5 and L5-S1. He has chronic neck pain as well. Magnetic resonance imaging showed extruded disc at C7-T1, C4-C5 and fusion from C5 to C7. The injured worker is status post hardware removal and discectomy in 8/2012. The cervical spine is non-industrial. He has a history of opiate addiction and inconsistent urine drug screening (9/2014). Prior treatments/procedures include oral medication including Suboxone film, Lidoderm patches, physical therapy, and magnetic resonance imaging. Per the most recent records dated 9/16/2014, the injured worker complained of increasing low back pain. He stated that he was having increased pain to the lumbar spine with numbness that radiates into both groins and down the front of his legs to the top of his feet. He reported that this has been new for the past couple of weeks and was not changing. An objective examination noted increased tenderness to the lumbar paraspinal muscles. He was moving about the room very slowly. He had decreased range of motion in all plants at the wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

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

Decision rationale: Evidence-based guidelines indicate that non-benzodiazepine sedative-hypnotics (benzodiazepine-receptor agonists) drug class which includes zolpidem (Ambien) is considered to be the first-line medication for insomnia. However, zolpidem is only recommended for short-term treatment of difficulty of sleep onset (7-10). It is extended release and it is limited up to 24 weeks. In this case, the injured worker has been noted to be using zolpidem in the chronic term which is outside the recommendations of guidelines. In addition, there is no indication that the injured worker is experiencing sleep difficulties. Based on the above presented reasons, the medical necessity of the requested Ambien (zolpidem) 10 mg #60 is not established.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors (PPIs)

Decision rationale: According to evidence-based guidelines, the prophylactic use or treatment of proton-pump inhibitors including Prilosec (omeprazole) must meet the requirements as outlined in the guidelines. The guidelines primarily indicate that the injured worker should be first determined if he or she is at risk for gastrointestinal events. The requirements include (a) age > 65 years old, (b) history of peptic ulcer, gastrointestinal bleeding or perforation; (c) concurrent use of acetylsalicylic acid, corticosteroids, and/or an anti-coagulant, and (d) high dose/multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker is not more than 65 years; has no history of peptic ulcer; gastrointestinal bleeding or perforation; takes in only Relafen in the long-term; and is not using aspirin, corticosteroids or any anti-coagulant. In addition, although it is noted that the injured worker has been utilizing Relafen in the long-term, there are no reports indicating gastrointestinal-related complaints. Moreover, chronic use of omeprazole may produce undesirable side effects. Per MTUS and ODG and based on the above reasons, the medical necessity of the requested Prilosec 20 mg #60 is not established.