

<b>Case Number:</b>	CM14-0026855		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	02/27/2009
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 54 year old patient had a date of injury on 2/27/2014. The mechanism of injury was not noted. In a progress note dated 2/25/2014, the patient claims that right side pain is moderate to severe with rating of 7/10. Left side pain is moderate to severe, rated 7/10. There has been no significant changes in current symptoms. On a physical exam dated 2/25/2014, the patient was tender to palpation over the left sciatic notch and the left paralumbar musculature. The diagnostic impression shows back pain, ulcers, constipation, sciatica. Treatment to date: medication therapy, behavioral modification. A UR decision dated 2/18/2014 denied the request for Restoril 15mg #30 and Temazepam 15mg #30, stating this medication is indicated for short term treatment of insomnia and should not be used for more than 4 weeks. The request was modified to 1 prescription. Prilosec 20mg #60, and omeprazole 20mg #60 were denied, stating the patient does not suffer from risk factors for gastrointestinal events, and stating that these one prescription of a duplicate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Temazepam 15mg #30:** 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 Page(s): 68.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. In the 2/25/2014 progress report, there was no discussion regarding conservative treatment options such as over the counter products. Furthermore, most guidelines limit use for 4 weeks, and this patient has been on Restoril since at least 1/2014. Therefore, the request for Temazepam (Restoril) 15mg #30 was not medically necessary.

**Omeprazole 20mg #60:** Overturned

**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 Page(s): 68.

**Decision rationale:** CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. In the 2/25/2014 progress report, and in the reports viewed, this patient is noted to be on Naproxen, an NSAID known to cause gastrointestinal events. Therefore, the request for Omeprazole (Prilosec) 20mg #60 was medically necessary.

**Restoril 15mg #30:** 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 Page(s): 24.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. In the 2/25/2014 progress report, there was no diagnosis of the patient having or being diagnosed with insomnia. Furthermore, most guidelines limit use for 4 weeks, and this patient has been on

Restoril since at least 1/2014. Therefore, the request for Restoril 15mg #30 was not medically necessary.

**Prilosec 20mg #60:** Overturned

**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 Page(s): 68.

**Decision rationale:** CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. In the 2/25/2014 progress report, and in the reports viewed, this patient is noted be on Naproxen, an NSAID known to cause gastrointestinal events. Therefore, the request for Prilosec 20mg #60 was medically necessary.