

<b>Case Number:</b>	CM14-0036282		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	11/22/2008
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Arizona. 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:

Patient is a 67 year old female with a date of injury on 11/22/2008. Patient has been treated for ongoing symptoms in the low back. Subjective complaints are of low back pain increasing on the left side with spasm. Physical exam shows patient can walk on her toes but unable to walk on her heels, strength is decreased, left side paraspinal muscle spasm, and there is a positive straight leg raise bilaterally. Medications include Prilosec, Ambien, and Pennsaid drops. Prior medication included ibuprofen, which was discontinued.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg (#60):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 46, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS, PAGE 111-113, NSAIDs/GI RISK PAGE 68-69 Page(s): 111-113, 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PAIN, INSOMNIA TREATMENT.

**Decision rationale:** For Prilosec, According to CA MTUS guidelines, a proton pump inhibitor can be added to NSAID therapy if the patient is at an intermediate to high risk for adverse GI

events. Guidelines identify the following as risk factors for GI events: age >65, history of peptic ulcer, GI bleeding or perforation, use of ASA, corticosteroids, anticoagulant use, or high dose NSAIDs. The ODG suggests that PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. This patient is not currently on chronic NSAID therapy, and there are no ongoing complaints of gastric symptoms. Therefore, the medical necessity of Prilosec is not established.

**Ambien 5 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision on the MTUS Chronic Pain Medical Treatment Guidelines, Topical Analgesics Section, pages 111-113, NSAIDs/GI Risk Section, pages 68-69, and on the Non-MTUS Official Disability Guidelines (ODG) Pain Chapter, Insomnia Treatment Section.

**Decision rationale:** For Ambien, the ODG suggests that zolpidem is only approved for the short-term treatment of insomnia. The recommended time-frame of usage is usually 2 to 6 weeks and long-term use is rarely recommended. Sleeping pills can be habit-forming, impair function and memory, and increase pain and depression over long-term use. Therefore, continuation of this medication exceeds recommended usage per guidelines, and is not a medical necessity.

**3. Pennsaid drop:** Upheld

**Claims Administrator guideline:** Decision on the MTUS ACOEM Practice Guidelines, page 46, 111-113 and on the Non-MTUS Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision on the MTUS Chronic Pain Medical Treatment Guidelines, Topical Analgesics Section, pages 111-113, NSAIDs/GI Risk Section, pages 68-69, and on the Non-MTUS Official Disability Guidelines (ODG) Pain Chapter, Insomnia Treatment Section.

**Decision rationale:** For Pennsaid, CA MTUS states that diclofenac gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, knee, foot, hand, and wrist). It has not been evaluated for treatment of the spine, hip and shoulder. For this patient, topical diclofenac appears to be utilized for the lower back. Therefore, the continued use of diclofenac gel is not consistent with guideline recommendations, and is not medically necessary.