

<b>Case Number:</b>	CM14-0040490		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	05/22/2001
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 55-year-old male who reported an injury on 05/22/2001. The mechanism of injury was not provided. On 06/09/2014, the injured worker presented with lower back and left knee complaints. Prior therapy included a surgery, epidural steroid injection, and medications. Diagnoses were traumatic osteochondritis of the left knee, degenerative disc disease, and spondylosis of the lumbar spine. Upon examination there was midline tenderness to the back beginning approximately at T8 and continuing through the lumbar spine and sacrum down to and including the coccyx. There was paravertebral muscle tenderness in the lumbar region as well as the sacroiliac, sciatic notch, gluteal tenderness, and left trochanter tenderness. He had a positive straight leg raise and reported increased back pain with internet and external rotation of the bilateral hips. He also reported decreased sensation involving the entire left lower extremity. Inspection of the left knee revealed diffuse nonspecific tenderness involving the entire left knee with complaints of tenderness anywhere he was palpated. A current medications list was not provided. The provider recommended Xanax 0.25 mg, Prilosec 20 mg, and Ambien 5 mg. The provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 0.25mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines page(s) 24 Page(s): 24.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Guidelines do not recommend the use of benzodiazepines for long term use, because long term efficacy is unproven and there is a risk for dependence. Most guidelines limit the use to 4 weeks. The injured worker has been prescribed Xanax since at least 11/27/2012. The guidelines recommend the use of Xanax for up to 4 weeks. The providers request for additionally Xanax with a quantity of 60, exceeds the recommendation of short term therapy. There was a lack of efficacy of the medication documented to support the continued use of the medication and the frequency was not provided in the request as submitted. Therefore, based on the documents provided, the request is not medically necessary and appropriate.

**Prilosec 20mg #60 with 6 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & Cardiovascular Risk, page(s) 68 Page(s): 68.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend proton pump inhibitors for injured worker's at risk for gastrointestinal events. The guidelines recommend that clinicians utilize the following criteria to determine if the injured worker is at risk for gastrointestinal events to include: age greater than 65-year-old, history of peptic ulcer, GI bleed, or perforation, concurrent use of ASA or corticosteroids, and/or an anticoagulant, and a high dose of multiple NSAIDs. The medical documentation did not indicate the injured worker had gastrointestinal symptoms. The medical documentation did not indicate that the injured worker had a history of peptic ulcer, GI bleed, or perforation. It did not appear that the injured worker is at risk for gastrointestinal events. The provider's request did not indicate the frequency of the medication. As such, the request is not medically necessary and appropriate.

**Ambien 5mg #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, Mental Illness and Stress.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Pain, Ambien.

**Decision rationale:** The Official Disability Guidelines state that Ambien is a prescription short acting nonbenzodiazepine hypnotic, which is approved for short term, usually 2 to 6 week, treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and is often hard to obtain. Various medications may provide short term benefit. While sleeping pills, so called minor tranquilizers, and anti anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long term use. They can be habit forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long term. The injured worker did not have any signs or symptoms related to insomnia. The severity of the injured worker's insomnia was not provided. There was no indication that the injured worker had trouble with sleep onset, sleep maintenance, quality of sleep, or next day functioning. The provider's request did not indicate the frequency of the medication. As such, the request is not medically necessary and appropriate.