

Case Number:	CM14-0044777		
Date Assigned:	07/02/2014	Date of Injury:	10/05/2004
Decision Date:	08/25/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/11/2014

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:

The patient is a 35 year old male who was injured on 10/05/2004. The mechanism of injury has not been documented. The patient underwent spinal cord stimulation on 09/11/2012 which gave 50-60% improvement. He has been treated conservatively with cognitive behavior therapy, and 4 trigger point injections which gave good pain relief of greater than 50%. His medication history included Prilosec 20 mg, Xanax 25 mg, Soma 350 mg, Neurontin 600 mg and Ambien CR 12.5 mg. His medications as of 09/25/2013 included Prilosec 20 mg, Soma 350 mg, Neurontin 600 mg, Dendracin analgesic cream, Cialis 20 mg, Gralise, Cymbalta 30 mg, Topamax, and AndroGel. Pain management follow up note dated 03/04/2014 indicates the patient complained of low back pain with radicular symptoms bilaterally, right greater than left. His activities of daily living are limited because of the pain. On exam, the lumbar spine reveals tenderness to palpation over the lumbar musculature and decreased range of motion. His pain is exacerbated with flexion. There is diffuse muscle rigidity noted along the lumbar paraspinal muscles bilaterally. Straight leg raise in the modified sitting position was positive bilaterally, right greater than left, at 45-50 degrees. His sensation was decreased along the L5 distribution bilaterally. There is soft tissue swelling and tenderness noted at the knees. There is mild crepitus noted with gentle range of motion of bilateral knees. His diagnoses include cervical spine sprain/strain, bilateral shoulder sprain/strain, right knee bucket handle tear; medication induced gastritis; medication induced constipation and post laminectomy syndrome. His medications were refilled which included Xanax, Prilosec, Soma and Ambien. Prior utilization review dated 03/31/2014 states the request for Prilosec 20 mg #60 is denied as there is no documented evidence of GI risk in the patient; Soma 350mg #60 is denied as it is not recommended for long term use and muscle relaxants are not beneficial in chronic pain; Xanax

25mg # 60 is denied as guideline criteria has not been met; Ambien CR 12.5mg #30 is denied as long term use is not recommended and is not indicated as medically necessary.

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 Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & Cardiovascular risk Page(s): 68-69.

Decision rationale: According to MTUS guidelines, PPI's (Proton Pump Inhibitors) are recommended for patients taking Non-Steroid Anti-Inflammatory Drugs (NSAIDs) at moderate to high-risk of gastrointestinal events. In this case the patient is prescribed Prilosec on a chronic basis. However, history and examination findings do not establish moderate to high risk of gastrointestinal events. There is a diagnosis of medication-induced gastritis, but no details are provided. The patient does not appear to be taking an NSAID. Several other medications do not appear to be warranted. Therefore, the request of Prilosec 20mg #60 is not medically necessary and appropriate.

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 65.

Decision rationale: According to MTUS guidelines, Soma is not recommended for long-term use. In this case the patient is prescribed Soma on a chronic basis without evidence of functional improvement. History and examination findings do not support an exception to this guideline recommendation. Therefore, the request of Soma 350mg #60 is not medically necessary and appropriate.

Xanax 25mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Xanax.

Decision rationale: According to MTUS guidelines, Benzodiazepines are, not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. In this case the patient is prescribed Xanax on a chronic basis without evidence of benefit or functional improvement. History and examination findings do not support an exception to this guideline recommendation. As such, the request of Xanax 25mg # 60 is not medically necessary and appropriate.

Ambien CR 12.5mg #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, Pain.

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

Decision rationale: MTUS guidelines do not address Ambien (Zolpidem). According to ODG guidelines, Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is 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. In this case the patient is prescribed Ambien on a chronic basis without evidence of improvement. The patient's sleep and medication efficacy are not discussed. History and examination findings do not support an exception to this guideline. Therefore, the request of Ambien CR 12.5mg #30 is not medically necessary and appropriate.