

Case Number:	CM14-0045443		
Date Assigned:	06/27/2014	Date of Injury:	01/26/2001
Decision Date:	08/08/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/01/2014

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 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:

According to the records made available for review, this is a 57-year-old male with a 1/26/01 date of injury, and status post lumbar spine fusion (undated), and status post right knee surgery (undated). At the time of request for authorization the injured worker was taking Vitamin D 2000IU take 3 tabs by mouth once daily # 100, Zolpidem Tartrate 10mg 1 at bedtime #30, and Pantoprazole 20mg 1 tab #30. There is documentation of subjective (low back pain that radiates to the lower extremities, 8/10 with medications and 9/10 without medications) and objective (spinal vertebral tenderness in cervical spine C4-7, paravertebral area L3-S1, pain significantly increased with lumbar flexion and extension, tenderness noted in right knee, and slow, antalgic gait) findings, current diagnoses (lumbar disc degeneration, lumbar post laminectomy syndrome, status post fusion, lumbar spine, chronic pain, other, and status post right knee surgery with residuals), and treatment to date (medications (including ongoing treatment with Pantoprazole, Vitamin D, and Zolpidem Tartrate since at least 10/2/13)). The medical report indicates treatment with Vitamin D based on finding of insufficient serum 25 (OH) D levels of less than 30 ng/ml. Regarding Zolpidem Tartrate, there is no documentation of insomnia, the intention to treat over a short course, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Zolpidem Tartrate use to date. Regarding Pantoprazole, there is no documentation of risk for gastrointestinal event and that Pantoprazole is being used as a second-line.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vitamin D 2000IU take 3 tabs by mouth once daily # 100: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online addition Chapter: 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, Vitamin D (cholecalciferol).

Decision rationale: MTUS does not address this issue. ODG identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which Vitamin D is indicated (such as: Vitamin D deficiency), as criteria necessary to support the medical necessity of Vitamin D. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar disc degeneration, lumbar post laminectomy syndrome, status post fusion, lumbar spine, chronic pain, other, and status post right knee surgery with residuals. In addition, given documentation of serum 25 (OH) D levels of less than 30 ng/ml, there is documentation of a condition/diagnosis for which Vitamin D is indicated (Vitamin D deficiency). Therefore, based on guidelines and a review of the evidence, the request for Vitamin D 2000IU take 3 tabs by mouth once daily # 100 is medically necessary.

Zolpidem Tartrate 10mg 1 at bedtime as needed #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 (ODG), Online addition Chapter: Pain.

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

Decision rationale: MTUS does not address this issue. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies Ambien (zolpidem) as a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Within the medical information available for review, there is documentation of diagnoses of lumbar disc degeneration, lumbar post laminectomy syndrome, status post fusion, lumbar spine, chronic pain, other, and status post right knee surgery with residuals. However, there is no documentation of insomnia. In addition, given documentation of records reflecting prescriptions for Zolpidem since at least 10/2/13, there

is no documentation of the intention to treat over a short course (less than two to six weeks). Furthermore, despite documentation of pain that is 8/10 with medications and 9/10 without medications, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Zolpidem Tartrate use to date. Therefore, based on guidelines and a review of the evidence, the request for Zolpidem Tartrate 10mg 1 at bedtime as needed #30 is not medically necessary.

Pantoprazole 20mg 1 tab by mouth once daily #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 (ODG), Online addition Chapter: Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes ages greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and that Pantoprazole is being used as a second-line, as criteria necessary to support the medical necessity of Pantoprazole. Within the medical information available for review, there is documentation of diagnoses of lumbar disc degeneration, lumbar post laminectomy syndrome, status post fusion, lumbar spine, chronic pain, other, and status post right knee surgery with residuals. However, there is no documentation of risk for gastrointestinal event includes age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. In addition, there is no documentation that Pantoprazole is being used as a second-line. Therefore, based on guidelines and a review of the evidence, the request for Pantoprazole 20mg 1 tab by mouth once daily #30 is not medically necessary.