

Case Number:	CM14-0048662		
Date Assigned:	06/20/2014	Date of Injury:	10/01/2010
Decision Date:	07/24/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	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 Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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 59 year old woman who sustained a work related injury on October 20, 2010. Subsequently, she developed chronic back pain and bilateral shoulder pain. According to her progress note dated on February 10, 2014, the patient continued to complain of low back pain. The patient was treated with physical therapy. The physical examination documented on the note of October 22, 2013, showed neck stiffness with reduced range of motion, low back pain with reduced range of motion, and positive straight leg rising. The patient was treated with pain medications, aqua therapy and lumbar fusion. The provider requested authorization for Ambien, Prilosec, Tramadol and topical analgesics. The patient was prescribed these medications since at least 2013 without clear documentation of its efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien (Zolpidem) 10mg, #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 Chapter); FDA (Ambien).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>).

Decision rationale: According to the Official Disability Guidelines (ODG), Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists), are first-line medications for insomnia. These classes of medications include zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which mean they have potential for abuse and dependency. Ambien is not recommended for long-term use to treat sleep problems. It seems that the patient has been prescribed in the past, since at least 2013, without clear documentation of efficacy. There is no objective characterization of the patient sleep problems. Furthermore, there is no documentation of the use of non pharmacologic treatment for the patient's sleep issue. There is no characterization of patient sleep problems. Therefore, the prescription of Ambien (Zolpidem) #30 is not medically necessary.

Prilosec (Omeprazole) 20mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17, 79-81, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (Pain Chapter).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: According to the California MTUS guidelines, Omeprazole is indicated when NSAIDs are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of acetylsalicylic acid/ aspirin (ASA), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAIDs (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. In addition there is no documentation of recent use of NSAID drugs. Therefore the request for Prilosec 20mg is not medically necessary.

CMPD Cream: Keto, Gaba, Tram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to the MTUS Guidelines, any

compounded product that contains at least one drug or drug class is not recommended. The proposed compound contains Gabapentin which is not recommended by MTUS as a topical analgesic. Furthermore there is no documentation of failure of first line oral therapies such as anti seizure medications. The request for CMPD Cream: Keto, Gaba, Tram is not medically necessary.