

Case Number:	CM14-0087060		
Date Assigned:	07/23/2014	Date of Injury:	01/26/2010
Decision Date:	09/18/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/10/2014

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 and Rehabilitation, 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 48-year-old male with a 1/26/10 date of injury. At the time (5/7/14) of request for authorization for Ambien 10mg Quantity 25 x 2 refills, Motrin 800mg Quantity 90 x 3 refills, there is documentation of subjective (severe headaches, low back pain and neck pain radiating to the upper and lower extremities with numbness and tingling, difficulty sleeping, and stomach issues related to medication use) and objective (tenderness to palpation over C5-6, occipital tenderness, tightness of the trapezius, tenderness to palpation over the lumbar spine, absent patellar reflexes, decreased sensation of the left upper extremity, decreased sensitivity of the left leg, and weakness with left plantar dorsiflexion) findings, current diagnoses (traumatic brain injury with headaches and left hemiparesis, cervical post-laminectomy syndrome, migraine headaches, left upper extremity numbness, low back pain, and depression), and treatment to date (ongoing therapy with Motrin and Prilosec, and Ambien since at least 12/9/13). In addition, medical report identifies a request for Zantac for acute flare-up of gastrointestinal symptoms. Regarding Ambien 10mg Quantity 25 x 2 refills, there is no documentation of short-term (two to six weeks) treatment of insomnia 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 use of Ambien. Regarding Motrin 800mg Quantity 90 x 3 refills, 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 use of Motrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg Quantity 25 x 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines).

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. 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. 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 traumatic brain injury with headaches and left hemiparesis, cervical post-laminectomy syndrome, migraine headaches, left upper extremity numbness, low back pain, and depression. In addition, there is documentation of insomnia. However, given documentation of ongoing treatment with Ambien since at least 12/9/13, there is no documentation of short-term (two to six weeks) treatment of insomnia. Furthermore, 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 use of Ambien. Therefore, based on guidelines and a review of the evidence, the request for Ambien 10mg Quantity 25 x 2 refills is not medically necessary.

Motrin 800mg Quantity 90 x 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. 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 traumatic brain injury with headaches and left hemiparesis, cervical post-laminectomy syndrome, migraine headaches, left upper extremity numbness, low back pain, and depression. In addition, there is

documentation of chronic pain. However, given documentation of ongoing treatment with Motrin, 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 use of Motrin. Therefore, based on guidelines and a review of the evidence, the request for Motrin 800mg Quantity 90 x 3 refills is not medically necessary.

Prilosec 40mg Quantity 60 x 3 refills: Overturned

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

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 age > 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 and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Prilosec. Within the medical information available for review, there is documentation of diagnoses of traumatic brain injury with headaches and left hemiparesis, cervical post-laminectomy syndrome, migraine headaches, left upper extremity numbness, low back pain, and depression. In addition, given documentation of ongoing NSAID therapy and stomach issues related to medication use, there is documentation of risk for gastrointestinal event (preventing gastric ulcers induced by NSAIDs). Therefore, based on guidelines and a review of the evidence, the request for Prilosec 40mg Quantity 60 x 3 refills is medically necessary.

Zantac 150 mg Quantity 30 x 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines).

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 age > 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. ODG identifies documentation of risk for gastrointestinal events and preventing gastric

ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Zantac (ranitidine). Within the medical information available for review, there is documentation of diagnoses of traumatic brain injury with headaches and left hemiparesis, cervical post-laminectomy syndrome, migraine headaches, left upper extremity numbness, low back pain, and depression. In addition, given documentation of a request for Zantac for acute flare-up of gastrointestinal symptoms; ongoing NSAID therapy and stomach issues related to medication use, there is documentation of risk for gastrointestinal event (preventing gastric ulcers induced by NSAIDs). Therefore, based on guidelines and a review of the evidence, the request for Zantac 150 mg Quantity 30 x 3 refills is medically necessary.

Ranitidine Quantity 60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines).

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 age > 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. ODG identifies documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Zantac (ranitidine). Within the medical information available for review, there is documentation of diagnoses of traumatic brain injury with headaches and left hemiparesis, cervical post-laminectomy syndrome, migraine headaches, left upper extremity numbness, low back pain, and depression. In addition, given documentation of a request for Zantac for acute flare-up of gastrointestinal symptoms; ongoing NSAID therapy and stomach issues related to medication use, there is documentation of risk for gastrointestinal event (preventing gastric ulcers induced by NSAIDs). Therefore, based on guidelines and a review of the evidence, the request for Ranitidine Quantity 60 is medically necessary.