

<b>Case Number:</b>	CM14-0096005		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	03/11/2007
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 Internal Medicine and Pulmonary Diseases and is licensed to practice in California, Florida, and New York. 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 31-year-old female who reported injuries when cases of meat fell on her on 03/11/2007. On 01/21/2014, her diagnoses included reflex sympathetic dystrophy, a lesion of the radial nerve, limb pain, joint/hand pain, chronic pain, and cervicobrachial syndrome. On 11/15/2013, her complaints included increasing right arm pain. She had significant insomnia due to pain, and Seroquel was trialed. Although the Seroquel helped her, she felt very drowsy and sedated in the morning. Her medications included Protonix 20 mg, Norco 10/325 mg, Lyrica 100 mg, Lyrica 150 mg, Seroquel 25 mg, and Cymbalta 30 mg. The Seroquel was discontinued, and a trial of Ambien 5mg was begun. A Request for Authorization for the Ambien was included in this worker's chart dated 02/24/2014. There was no rationale for the requested Protonix.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Pantoprazole-Protonix 20mg #60:** 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), GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The request for retrospective Pantoprazole-Protonix 20 mg, quantity 60, is not medically necessary. The California MTUS Guidelines suggest that proton pump inhibitors (PPIs), which include Protonix, may be recommended, but clinicians should weigh the indications for NSAIDs against GI risk factors. Those factors determining if the patient is at risk for gastrointestinal events include age greater than 65 years; history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or high dose, multiple NSAID (non-steroidal anti-inflammatory drug) use. Protonix is used to treat gastroesophageal reflux disease and damage to the esophagus (esophagitis), helicobacter infections, and high levels of acid in the stomach caused by tumors. The injured worker did not have any of the above diagnoses, nor did she meet any of the qualifying criteria for risks for gastrointestinal events. Additionally, the request did not specify frequency of administration. Therefore, this request for retrospective pantoprazole/Protonix 20 mg, quantity 60, is not medically necessary.

**Retrospective request for Ambien 5mg, 1 tab by mouth at bedtime as needed for insomnia, #30 with 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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), Pain, Zolpidem (Ambien®)

**Decision rationale:** The request for retrospective Ambien 5 mg, 1 tab by mouth at bedtime as needed for insomnia, quantity 30 with 1 refill, is not medically necessary. Per the Official Disability Guidelines, Ambien is a short-acting, non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia, usually 2 to 6 weeks. While sleeping pills, so-called minor tranquilizers, 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 a concern that they may increase pain and depression over the long term. Additionally, Ambien has been linked to a sharp increase in emergency room visits, so it should be used safely for only a short period of time. This worker has been taking Ambien for greater than 11 months. This exceeds the recommendations in the guidelines. Therefore, this retrospective request for Ambien 5 mg, #30 with 1 refill, is not medically necessary.