

Case Number:	CM14-0097196		
Date Assigned:	07/28/2014	Date of Injury:	09/19/2013
Decision Date:	09/29/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	06/25/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 19, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of physical therapy over the life of the claim; anxiolytic medications; and sleep aids. In a Utilization Review Report dated June 24, 2014, the claims administrator partially certified a request for ibuprofen, denied a request for zolpidem, denied a request for omeprazole, and denied a request for Valium. A variety of MTUS and non-MTUS guidelines were invoked. The applicant's attorney subsequently appealed. In a May 14, 2014 progress note, the applicant reported persistent complaints of low back pain, constant. The applicant was having difficulty performing prolonged sitting and standing. Lower extremity paresthesias were noted. The applicant also reported neck pain radiating to the bilateral shoulders. The applicant was on Motrin, Prilosec, Percocet, Ambien, and Valium. A surgical consultation was pending. The applicant exhibited hypoactive right-sided reflexes, it was stated, with limited lumbar range of motion and an abnormal posture. The applicant was placed off of work, on total temporary disability. The applicant was asked to continue current medications. There was no discussion of medication efficacy. The applicant was asked to follow up with his personal physician to obtain a workup for diabetes. In an earlier note dated April 1, 2014, the applicant reported persistent complaints of low back pain. The applicant had apparently consulted a neurosurgeon, who endorsed a surgical remedy. The applicant was apparently hesitant to pursue the same, however. The applicant was having difficulty performing standing and walking activities as well as difficulty sitting for prolonged amounts of time. The applicant was on Percocet, Motrin, prednisone, lidocaine, and Valium, it was stated. The applicant was again placed off of work, on total temporary disability. It was suggested that Ambien was being

added for sedative effect/insomnia purposes. By implication, it was also suggested that Valium was also being endorsed for insomnia. In a new consultation dated December 16, 2013, the applicant was described as having primary presenting complaint of low back pain with associated lower extremity radiculopathy. The applicant was described as having a negative gastrointestinal review of systems.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal Anti-inflammatory Drugs (NSAIDs) Page(s): 67-68, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic Page(s): 22, 7.

Decision rationale: While the Chronic Pain Medical Treatment Guidelines does acknowledge that antiinflammatory medications such as ibuprofen do represent a traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is qualified by commentary made in the Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the applicant is off of work, on total temporary disability. The applicant's pain complaints appear to be heightened, as opposed to be reduced, despite ongoing ibuprofen usage. The attending provider's progress notes failed to incorporate any discussion of medication efficacy. All of the foregoing, however, taken together, does suggest a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing ibuprofen usage. Therefore, the request for Ibuprofen 800 mg, ninety count, is not medically necessary or appropriate.

Zolpidem 10 mg, thirty count: 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) Pain (updated 05/15/14) Zolpidem (Ambien).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic, the Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA label purposes has a responsibility to be well informed regarding usage of the same and should, furthermore, provide compelling evidence to support such usage. The Food and Drug Administration (FDA), however, notes that Ambien is indicated in the short-term treatment of

insomnia, typically on the order of 35 days. In this case, the attending provider furnished the applicant with 30-tablet prescriptions for Ambien on both April 1, 2014 and May 14, 2014, implying that Ambien was being employed for chronic, long-term, and scheduled-use purposes, despite the unfavorable FDA position on the same. No compelling applicant-specific rationale or medical evidence was attached to augment the request. Therefore, the request for Zolpidem 10 mg, thirty count, is not medically necessary or appropriate.

Omeprazole 20 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal Anti-inflammatory Drugs (NSAIDs), GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

Decision rationale: While the Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors such as omeprazole to combat issues with NSAID-induced dyspepsia, in this case, however, the provided progress notes made no mention of any active symptoms of reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. The attending provider did not furnish any compelling rationale for selection and/or ongoing usage of omeprazole, a proton pump inhibitor. It is incidentally noted that the applicant was described as having an entirely negative gastrointestinal review of systems on an office visit of December 16, 2013, further arguing against the need for omeprazole. Therefore, the request for Omeprazole 20 mg, thirty count, is not medically necessary or appropriate.

Diazepam 5 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 05/15/14) Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the Stress Related Conditions Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines does acknowledge that anxiolytics such as Valium may be appropriate for "brief periods" in cases of overwhelming symptoms. This is to afford an applicant with the ability to achieve a brief remission in symptoms as to as recoup emotional and/or physical resources, in this case. However, the attending provider appears intent on employing Valium or diazepam for chronic, long-term, and scheduled-use purposes, for sedative effect. This is not an ACOEM-approved role for Valium. There was no mention of any issues with panic attacks or other overwhelming mental health issues which would have supported provision of the same. Therefore, the request for Diazepam 5 mg, thirty count, is not medically necessary or appropriate.