

Case Number:	CM13-0060301		
Date Assigned:	12/30/2013	Date of Injury:	01/08/2010
Decision Date:	11/06/2015	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/03/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Florida

Certification(s)/Specialty: Internal Medicine, Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 53 year-old with a date of injury of 01/08/10. A progress report associated with the request for services, dated 09/20/13, identified subjective complaints of pain in the low back. Objective findings included paraspinal tenderness and pain with range-of-motion. Diagnoses included lumbar disc disease with radiculopathy and insomnia. Treatment has included NSAIDs, oral analgesics, and epidural steroid injections. A Utilization Review determination was rendered on 11/25/13 recommending non-certification of "Ambien 10 mg qHS, #30; Zantac 300 mg daily #30; Motrin 800 mg tid #90".

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg qHS #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) Chronic Pain Chapter, Zolpidem topic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Insomnia Treatment and Other Medical Treatment Guidelines www.Ambien.com.

Decision rationale: Ambien (zolpidem) is a non-benzodiazepine gamma-aminobutyric acid (GABA) agonist used for the short-term treatment of insomnia. The Medical Treatment Utilization Schedule (MTUS) does not specifically address zolpidem. The Official Disability Guidelines (ODG) state that treatment of insomnia should be through correction of underlying deficits. They further note that zolpidem is indicated for short-term treatment of insomnia. They note that zolpidem has multiple side effects and adults who use zolpidem have a greater than 3-fold increased risk for early death (Kripke, 2012). Likewise, the FDA has recommended lower doses for IR release products in women (10 mg to 5 mg) and a decrease from 12.5 mg to 6.25 mg for extended-release products (Ambien CR). In this case, Ambien has been used beyond the short-term and at greater than recommended doses. Therefore, the record does not document the medical necessity for Ambien.

Zantac 300mg daily #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Ranitidine (Zantac), an H₂-receptor antagonist, is a gastric antacid. Proton pump inhibitors are sometimes used for prophylaxis against the GI side effects of NSAIDs based upon the patient's risk factors. The Medical Treatment Utilization Schedule (MTUS) notes that these risk factors include (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAIDs. However, H₂-receptor antagonists are not given that recommendation. They are recommended for dyspepsia secondary to NSAID therapy. Also, the use of non-selective NSAIDs without prophylaxis is considered "okay" in patients with no risk factors and no cardiovascular disease. In this case, there is no documentation of any of the above risk factors or NSAID-induced dyspepsia. Therefore, the medical record does not document the medical necessity for ranitidine (Zantac).

Motrin 800mg TID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Motrin is a non-steroidal anti-inflammatory agent (NSAID). NSAIDs have been recommended for use in osteoarthritis. It is noted that they are: "Recommended at the

lowest dose for the shortest period in patients with moderate to severe pain." They further state that there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. NSAIDs are also recommended as an option for short-term symptomatic relief on back pain. Again, no one NSAID was superior to another. There is no indication that the therapy is for a short period; rather, what appears to be long-term. Since NSAIDs are recommended for short-term use only, there must be documented evidence of functional improvement to extend therapy beyond that. In this case, there is no documentation of the functional improvement related to Motrin and therefore no medical necessity.