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| Case Number: | CM14-0049289 | | |
| Date Assigned: | 06/25/2014 | Date of Injury: | 11/18/2004 |
| Decision Date: | 04/01/2015 | UR Denial Date: | 03/12/2014 |
| 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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51 year old male, who sustained an industrial injury on November 18, 2004. The diagnoses have included post lumbar laminectomy syndrome, lumbar radiculopathy and disc disorder lumber. Treatment to date has included oral pain medications, sleep medication, Magnetic resonance imaging on March 3, 2010, urine toxicology, x-ray of lumbar spine on October 7, 2011, on March 29, 2011 percutaneous [REDACTED] 8-contact SCS electrode placement in the epidural space for SCS trial, transforaminal T left L4, left TFLESI, electromyogram and NCS on April 3, 2009. Currently, the injured worker complains of low back pain, quality of sleep is fair, neuropathic pain has increased down his right leg and his activity has decreased. In a progress note dated February 27, 2014, the treating provider reports reveals he has global antalgic gait, slowed gait, stooped gait and uses cane, thoracic spine reveals tenderness and tight muscle bands on both sides, lumbar spine examination has restricted range of motion, on palpation paravertebral muscles, hypertonicity, spasm, tenderness, tight muscle band and trigger point is noted bilaterally. On March 12, 2014 Utilization Review non-certified a Prilosec 20mg capsule take one daily quantity 30, and Ambien 10mg tablet one tab at bedtime as needed quantity 20, noting, Medical Treatment Utilization Schedule Guidelines and Official Disability Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI Section Page(s): 68-69.

Decision rationale: This request involves the appropriateness of proton pump inhibitors. The Chronic Pain Medical Treatment Guidelines on page 68-69 states the following regarding the usage of proton pump inhibitors (PPI): "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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 NSAID (e.g., NSAID + low-dose ASA)." In the case of this injured worker, there is no documentation of any of the risk factors above including age, history of multiple NSAID use, history of gastrointestinal ulcer or bleeding, or use of concomitant anticoagulants or corticosteroids. In this case, the worker's age is 50. Furthermore, there does not appear to be adequate documentation of the rationale for why PPI's are necessary in this case, or any additional gastrointestinal work-up performed by a specialist to support this request. A note from 2/27/15 documents chronic GI distress, but no further diagnostic work-up is pursued. Given this, this request is not medically necessary.

Ambien 10mg, #20: 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: Insomnia treatment.

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 & Mental Illness and Stress Chapter, Insomnia Topics.

Decision rationale: Regarding the request for Ambien, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there are subjective complaints of insomnia and a note from 2/27/15 documents the patient is able to sleep 6-8 hours with medication. However, there appears to be a longer-term use of Ambien in excess of guideline recommendations of 6 weeks. A progress note from 9/6/14 indicates the patient was on Ambien already at that time, and appears to have been on this continuously until at least 2/27/15. Given this, the currently requested Ambien is not medically necessary.

