

<b>Case Number:</b>	CM15-0000741		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	06/19/2008
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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

### 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 67-year-old male, who sustained an industrial injury on 06/19/2008. He has reported back pain, right ankle pain, and left knee pain. The diagnoses have included post-laminectomy lumbar syndrome, ankle/foot joint pain, and lower leg joint pain. Treatment to date has included oral pain medication, Protonix 20mg #60, lumbar spine surgery, ankle surgery, knee surgery, and a functional restoration program, with good benefit. Currently, the injured worker complains of chronic low back, knee, and ankle pain. He reported no changes to his pain condition. The injured worker also complained of constipation and abdominal pain. The objective findings included an antalgic gait; worsening low back pain and muscle tension; tenderness to palpation at the lumbosacral junction with associated muscle tension extending into the mid-back; decreased range of motion of the lumbar spine; intact sensation to light touch of the bilateral lower extremities; and negative bilateral straight leg raise. The treating physician requested Pantoprazole 20mg #60 and Ambien 5mg #30. The rationale for the Pantoprazole was not provided, but the Ambien was requested for insomnia. On 12/12/2014, Utilization Review (UR) non-certified the request for Pantoprazole (Protonix) 20mg #60 (date of service: 10/01/2014 and 10/29/2014) and Ambien 5mg #30 (date of service: 10/01/2014 and 10/29/2014). The UR physician noted that there is no evidence that the injured worker had failed first-line proton pump inhibitors to support the recommendation of the requested pantoprazole. The Non-MTUS Official Disability Guidelines were cited. The UR physician also noted that there was no documentation of objective functional improvement as a result of the use of Ambien. The Non-MTUS Official Disability Guidelines were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Pantoprazole-Protonix 20mg #60 DOS 10/1/14 & 10/29/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

**Decision rationale:** The patient is a 67 year old male with an injury date of 06/19/08. Based on the 10/29/14 progress report provided by treating physician, the patient presents with chronic low back, knee and ankle pain. The request is for PANTOPRAZOLE-PROTONIX 20MG #60 DOS 10/01/14 AND 10/29/14. The patient is status post lumbar surgery, right knee X1, left knee X2, and right ankle X2, dates unspecified. Patient's diagnosis per Request for Authorization form included pain in joint lower leg, pain in joint ankle foot, lumbar postlaminectomy syndrome, pain psychogenic NEC, and long term use of medications NEC. Medications requested include Pantoprazole, Ambien, Buprenorphine, Escitalopram and Senna. Per progress report dated 10/01/14, "medications continue to help to reduce his pain and allow for better function..." Patient has completed functional restoration program. The patient is retired and remains permanent and stationary. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk,; Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Protonix, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. UR letter dated 12/12/14 states "...the patient is 67 years old, and reports abdominal pain, but denies heartburn." Treater states in 12/18/14 progress report/appeal letter that the patient "has trialed Prilosec (first line PPI) which was not beneficial. Thus, we switched him to Protonix. He is able to manage his GI disturbances better with the use of Protonix... thus as a preventive prophylactic measure, we do feel Protonix should be authorized. The patient does find Protonix to be helpful." However, patient's medications per treater reports dated 10/01/14 and 10/29/14 do not include NSAIDs in list of prescriptions. The patient is not on NSAID therapy, to warrant prophylactic use of Protonix, based on guidelines. Therefore, the request IS NOT medically necessary.

### **Ambien 5mg #30 DOS 10/1/14 & 10/29/14: 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, Zolpidem and Mental Illness & Stress, Sedative Hypnotics

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic) Chapter, Zolpidem (Ambien) Section

**Decision rationale:** The patient is a 67 year old male with an injury date of 06/19/08. Based on the 10/29/14 progress report provided by treating physician, the patient presents with chronic low back, knee and ankle pain. The request is for AMBIEN 5MG #30 DOS 10/01/14 AND 10/29/14, ZOLPIDEM. The patient is status post lumbar surgery, right knee X1, left knee X2, and right ankle X2, dates unspecified. Patient's diagnosis per Request for Authorization form included pain in joint lower leg, pain in joint ankle foot, lumbar postlaminectomy syndrome, pain psychogenic NEC, and long term use of medications NEC. Medications requested include Pantoprazole, Ambien, Buprenorphine, Escitalopram and Senna. Per progress report dated 10/01/14, "medications continue to help to reduce his pain and allow for better function..." The patient is retired and remains permanent and stationary. ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents 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 concern that they may increase pain and depression over the long-term. (Feinberg, 2008)" Treater states in 12/18/14 progress report/appeal letter "we do understand that long term use of Ambien is not recommended by the guidelines. The patient is using Ambien intermittently as needed and not on regular basis. The patient does report insomnia secondary to his chronic pain. He has difficulty sleeping from his chronic pain and uses Ambien which does help him to have better sleep. He has used Mirtazapine in the past without much benefit." However, MTUS recommends Ambien only for a short period of 7-10 days. Furthermore, the request for quantity 30 does not indicate intended short-term use of this medication. The request is not inline with guideline indications, therefore Ambien IS NOT medically necessary.