MAXIMUS Federal Services

Case Number:	CM15-0103437		
Date Assigned:	06/05/2015	Date of Injury:	10/10/2011
Decision Date:	07/09/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/29/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented 44-year-old who has filed a claim for complex regional pain syndrome (CPRS), generalized anxiety disorder (GAD), and major depressive disorder (MDD) reportedly associated with an industrial injury of October 10, 2011. In a Utilization Review report dated May 11, 2015, the claims administrator failed to approve requests for Protonix and Ambien. The claims administrator referenced an April 16, 2015 progress note and associated RFA form of May 2, 2015 in its determination. The applicant's attorney subsequently appealed. On March 19, 2015, the applicant reported ongoing complaints of right upper extremity pain, 7/10, with derivative complaints of insomnia. The applicant's medications were Flexor, Neurontin, Norco, Protonix, Klonopin, Lexapro, Naprosyn, and Ambien, it was reported. Upper extremity paresthesias and weakness were reported in the review of the systems section of the note. Multiple medications were refilled. The applicant was placed off of work, on total temporary disability, and asked to pursue a functional restoration of some kind. There was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia on this date. On March 23, 2015, the request for a functional restoration program was reiterated. On April 16, 2015, the applicant reported 7/10 right upper extremity pain. The applicant was again described as using Flexeril, Neurontin, Norco, Protonix, Klonopin, Lexapro, Naprosyn, and Ambien, it was reported. The gastrointestinal review of the systems was negative for all items on the list including heartburn. The applicant was placed off of work, on total temporary disability. The attending provider reiterated his request for a functional restoration program and

went on to renew Flexor, Neurontin, Protonix, Klonopin, Lexapro, and Ambien without much discussion of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix DR 20mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk. Decision based on Non-MTUS Citation ODG Treatment Pain (chronic) PPI (proton pump inhibitor).

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

Decision rationale: No, request for Protonix, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Protonix are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, in multiple progress notes, referenced above. Furthermore, the applicant apparently explicitly denied issues with heartburn on an April 16, 2015 progress note, referenced above. The attending provider did not clearly state for what issue, diagnosis, and/or purpose Protonix had been employed, nor the attending provider clearly state of whether or not Protonix was or was not effective for whatever purpose it was intended. Therefore, the request was not medically necessary.

Ambien 10mg, #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) Zolpidem (Ambien).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation U.S. Food and Drug Administration.

Decision rationale: Similarly, the request for Ambien, a sleep aid, was likewise not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes, however, that Ambien is indicated in the short-term treatment of

insomnia, for up to 35 days. Here, however, the applicant had been using Ambien for what appeared to have been a minimum of several months prior to the date of the request, April 16, 2015. The attending provider failed to furnish a compelling applicant-specific rationale or medical evidence which would support such usage in the face of the unfavorable FDA position on the same. Therefore, the request was not medically necessary.