

<b>Case Number:</b>	CM15-0106331		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	12/13/2011
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 50 year old, male who sustained a work related injury on 12/13/11. He lifted a fully-loaded bag of trash weighing about 30-60 pounds when he had the onset of painful pull and snap in the lower back with pain shooting to his left leg and knee. The diagnoses have included lumbar radiculopathy and status post lumbar surgery. Treatments have included trigger point injections, lumbar epidural steroid injections, physical therapy, home exercises, medications, and lumbar surgery. In the PR-2 dated 10/22/14, the injured worker complains of lower back pain as well as left leg pain. He also complains of erectile dysfunction which occurred after the lumbar surgery. He has difficulty with activities of daily living. He has tenderness and spasm in the lumbar paravertebral muscles. He has bilateral sciatic notch tenderness. The treatment plan includes future medical care and the provision of durable medical equipment if necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 5mg #60 2 refills, Rx 3/31/15: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Stress & Mental Illness chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Zolipidem, insomnia.

**Decision rationale:** The MTUS does not address Ambien usage. The ODG states that Ambien is not recommended for chronic or long-term use purposes. It is generally recommended for 2-6 week courses of treatment. In this case, the request is for 6 months total additional usage. Chronic use of Ambien as requested cannot be justified and the request is deemed not medically necessary or appropriate.

**Prilosec 20mg #60 2 refills, Rx 3/31/15:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms Page(s): 68.

**Decision rationale:** The request is for Prilosec. The patient is at increased risk for GI adverse events due to his past history of ulcers and his prescription for Ibuprofen for back pain. Therefore the request for Prilosec is medically necessary and appropriate.