

Case Number:	CM15-0160569		
Date Assigned:	08/27/2015	Date of Injury:	09/21/2012
Decision Date:	10/13/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	08/17/2015

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: Arizona, California
 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 47 year old female, who sustained an industrial injury on 9-21-2012. Diagnoses include left foot pain, lumbar radiculopathy, lumbar sprain-strain, right hip sprain-strain, right knee internal derangement and right knee sprain-strain. Treatment to date has included medications, physical therapy, consultations and acupuncture. Per the Primary Treating Physician's Progress Report dated 6-09-2015, the injured worker reported left foot pain. There was no subjective pain level documented on this date. She reported relief from medication. Objective findings per left foot examination included tenderness to palpation at the left toe. There was discoloration present at the left big toenail and decreased sensation in the toes with painful ranges of motion. There is not documentation of increase in activities of daily living or decrease in pain level with the use of medications. The plan of care included medications, electrodiagnostic testing, podiatry consultation and custom orthotics. Per the Primary Treating Physician's Progress Report dated 3-05-2015, she reported pain in the lumbar spine, right hip and right knee. Lumbar spine examination revealed tenderness and restricted ranges of motion with pain in all planes. There were painful right hip restricted ranges of motion and tenderness to palpation. There was tenderness of the right knee to palpation with muscle spasm and flexion of 130 degrees. There is not documentation of increase in activities of daily living or decrease in pain level with the use of medications. There is no subjective numerical pain level recorded. Per the SOAP noted dated 1-19-2015 she reported severe back pain rated as 10 out of 10. On 4-29-2015 she reported 7 out of 10 pain in the left foot with medications. She was prescribed Protonix, Ambien, Norco, Soma and Wellbutrin on 4-29-2015. Authorization was requested for Prilosec

20mg #60, Ambien 10mg #15, Norco 10-325mg #120, Soma 350mg #90, and Wellbutrin 100mg #90. On 7-10-2015, Utilization Review non-certified the request for Prilosec and Ambien and modified the request for Norco, Soma and Wellbutrin to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Furthermore, the continued use of NSAIDs as above is not medically necessary. Therefore, the continued use of Prilosec is not medically necessary.

Ambien 10mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for an unknown length of time and necessity was not justified. The etiology of sleep disturbance was not defined or further evaluated. Continued use of Zolpidem (Ambien) is not medically necessary.