

<b>Case Number:</b>	CM15-0165752		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	09/19/1993
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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 62 year old female who sustained an industrial injury on 09-09-93. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies include a CT of the thoracic spine. Current complaints include monitor conditions and medication refills. Current diagnoses include back pain and insomnia. In a progress note dated 07-20-15 the treating provider reports the plan of care as medications including omeprazole, zolpidem, and soma. The requested treatments include omeprazole, zolpidem, and soma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One year coverage for Omeprazole 20mg:** 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:** The patient presents with upper and lower back pain. The request is for ONE YEAR COVERAGE FOR OMEPRAZOLE 20MG. The request for authorization is dated 08/11/15. CT of thoracic spine, 05/28/15, shows T5 vertebral body compression fracture has progressed since the prior exam with enlargement or interval development of a Schmorl's node along the inferior endplate; T9 vertebral body compression fracture has progressed with interval development or enlargement of a Schmorl's node along the superior endplate; re-demonstrated is ascending aortic aneurysmal dilatation, measured at about 4.3 cm. MRI of the lumbar spine, 02/11/14, shows L4-L5: there is an annular tear or incipient annular tear in the posterior disk left paracentrally with extension into the left neural foramen, there is a broad-based, slightly asymmetrical 3-4 mm disk burge largest left paracentrally; L5-S1: the patient is status post right L5 hemilaminotomy, there is about 5 mm retrolisthesis of L5, near complete obliteration of intervertebral disk space, and a central inferiorly migrated 5 mm AP and 6-7 mm CC disk extrusion as well as broad-based 3-5 mm disk bulging. Physical examination of the upper torso reveals muscle spasms on the interscapular area. There is tenderness on the interscapular area, right greater than left and on the upper trapezii. Per AME report dated 05/04/15, the patient is retired. MTUS, NSAIDs, GI symptoms & cardiovascular risk Section, pg 69 states: "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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Treater does not specifically discuss this medication. MTUS allows for prophylactic use of PPI along with oral NSAIDs when appropriate GI risk is present. In this case, the patient is not taking any NSAIDs, and treater has not provided GI assessment to warrant prophylactic use of PPI. The patient has been prescribed Omeprazole at least since 06/25/13. Treater does not discuss any gastric complaints, how the patient is doing, and why she needs to continue with Omeprazole. There are no discussions on how the medication is being used on daily basis and with what specific effect. Furthermore, the request as stated for "one year coverage" is excessive and not in accordance with guidelines. MTUS requires a record of pain and function when medications are used for chronic pain and physician monitoring. Therefore, the request IS NOT medically necessary.

**One year coverage for Zolpidem 10mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Mental Illness and Stress: Zolpidem (Ambien) (2015).

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

**Decision rationale:** The patient presents with upper and lower back pain. The request is for ONE YEAR COVERAGE FOR ZOLPIDEM 10MG. The request for authorization is dated 08/11/15. CT of thoracic spine, 05/28/15, shows T5 vertebral body compression fracture has progressed since the prior exam with enlargement or interval development of a Schmorl's node

along the inferior endplate; T9 vertebral body compression fracture has progressed with interval development or enlargement of a Schmorl's node along the superior endplate; re-demonstrated is ascending aortic aneurysmal dilatation, measured at about 4.3 cm. MRI of the lumbar spine, 02/11/14, shows L4-L5: there is an annular tear or incipient annular tear in the posterior disk left paracentrally with extension into the left neural foramen, there is a broad-based, slightly asymmetrical 3-4 mm disk burge largest left paracentrally; L5-S1: the patient is status post right L5 hemilaminotomy, there is about 5 mm retrolisthesis of L5, near complete obliteration of intervertebral disk space, and a central inferiorly migrated 5 mm AP and 6-7 mm CC disk extrusion as well as broad-based 3-5 mm disk bulging. Physical examination of the upper torso reveals muscle spasms on the interscapular area. There is tenderness on the interscapular area, right greater than left and on the upper trapezii. Per AME report dated 05/04/15, the patient is retired. 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 does not specifically discuss this medication. Patient has been prescribed Ambien at least since 09/24/13. ODG recommends Ambien only for short-term use (7-10 days), due to negative side effect profile. Furthermore, the request as stated for "one year coverage" is excessive, does not indicate intended short-term use, and is not in accordance with guidelines. MTUS also requires a record of pain and function when medications are used for chronic pain and physician monitoring. Therefore, the request IS NOT medically necessary.

**One year coverage for Soma 350mg: 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): Muscle relaxants (for pain), Carisprodol (Soma).

**Decision rationale:** The patient presents with upper and lower back pain. The request is for ONE YEAR COVERAGE FOR SOMA 350MG. The request for authorization is dated 08/11/15. CT of thoracic spine, 05/28/15, shows T5 vertebral body compression fracture has progressed since the prior exam with enlargement or interval development of a Schmorl's node along the inferior endplate; T9 vertebral body compression fracture has progressed with interval development or enlargement of a Schmorl's node along the superior endplate; re-demonstrated is ascending aortic aneurysmal dilatation, measured at about 4.3 cm. MRI of the lumbar spine, 02/11/14, shows L4-L5: there is an annular tear or incipient annular tear in the posterior disk left paracentrally with extension into the left neural foramen, there is a broad-based, slightly asymmetrical 3-4 mm disk burge largest left paracentrally; L5-S1: the patient is status post right L5 hemilaminotomy, there is about 5 mm retrolisthesis of L5, near complete obliteration of intervertebral disk space, and a central inferiorly migrated 5 mm AP and 6-7 mm CC disk

extrusion as well as broad-based 3-5 mm disk bulging. Physical examination of the upper torso reveals muscle spasms on the interscapular area. There is tenderness on the interscapular area, right greater than left and on the upper trapezii. Per AME report dated 05/04/15, the patient is retired. MTUS, Muscle Relaxants Section, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. Treater does not specifically discuss this medication. This appears to be the initial trial prescription for Soma. MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. The request for One Year Coverage of Soma would exceed what is recommended by MTUS, and does not indicate intended short-term use of this medication. Furthermore, MTUS also requires a record of pain and function when medications are used for chronic pain and physician monitoring. Therefore, the request IS NOT medically necessary.