

<b>Case Number:</b>	CM15-0166152		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	12/06/1993
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/24/2015
<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: Emergency 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 injured worker is a 61-year-old female with an industrial injury dated 12-06-1993. Her diagnoses included lumbosacral spondylosis without myelopathy and thoracic or lumbosacral neuritis or radiculitis not otherwise specified. Prior treatment included physical therapy and medications. She presents on 07-06-2015 with complaints of lower back pain, left lower extremity pain and right lower extremity pain. She states that her medication helps take the edge off and helps reduce her pain level. She noted Ambien made her quality of sleep 70% better, Oxycontin reduces her pain level by 75%, and with Savella she feels 90% better and with Senokot 80% better. She rates her average pain as 4 out of 10. She denies any change in characteristics of pain since last visit. Physical exam noted the injured worker ambulated without a device and gait was normal. Insight was good and memory and judgment were intact. His medications included Ambien, Oxycontin, Savella, Senokot, Gabapentin and Omeprazole. The treatment request is for: Prilosec 20 mg #60, Oxycontin 30 mg #90, Ambien 10mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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, Pain (Chronic), Zolpidem (Ambien).

**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), Insomnia Treatment).

**Decision rationale:** There are no specific sections in the MTUS chronic pain or ACOEM guidelines that relate to this topic. Ambien is a benzodiazepine agonist approved for insomnia. As per ODG guidelines, it recommends treatment of underlying cause of sleep disturbance and recommend short course of treatment. Long-term use may lead to dependency. Patient has been on Ambien chronically. There is no documentation of other conservative attempts at treatment of sleep disturbance or sleep studies. The prescription is excessive and not consistent with short-term use or attempts to wean patient off medication. The chronic use of Ambien is not medically appropriate and is not medically necessary.

**Oxycontin 30mg #90:** 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): Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment.

**Decision rationale:** Oxycontin extended release Oxycodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation of criteria. There is documentation of improvement in activity of daily living and pain, however patient reported persistent pain even with high dose pain medications. The amount of Oxycontin alone that patient is taking equates to 135mg MED (Morphine Equivalent Dose) which exceed the safe amount of 120mg MED per day as recommended by MTUS guidelines. There is no documented attempt to wean patient off Oxycontin. Patient is on excessive amount of opioids, which is not recommended by MTUS Chronic pain guidelines. There is a high risk of side effects at such high dose and despite claims of improvement. There is no documentation of long-term plan with any documentation of plan to wean down from opioids, no documented physical therapy or even home exercise. Oxycontin prescription is not medically necessary.

**Prilosec 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Proton pump inhibitors (PPIs).

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

**Decision rationale:** Omeprazole/Prilosec is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, PPIs may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. Patient is currently on Celebrex, which is supposed to be GI protective. There are no dyspepsia complaints. Patient is not high risk for GI bleeding. It is unclear why patient on Celebrex and prilosec. Prilosec/Omeprazole is not medically necessary.