

Case Number:	CM15-0190770		
Date Assigned:	10/02/2015	Date of Injury:	11/22/1996
Decision Date:	11/16/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	09/28/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 63-year-old female, who sustained an industrial injury on 11-22-96. The injured worker is being treated for status post posterior lumbar interbody fusion L4-S1, status post removal of hardware, status post extension of lumbar fusion L2-L4, severe left pelvic upswing and bilateral sacroiliac joint dysfunction, status post irrigation and debridement of lower back wound infection, lumbar radiculopathy and intractable pain. Treatment to date has included oral medications including Ambien 10mg (there is no mention of difficulty sleeping), Fiorinal 50-325-40mg, Mobic 7.5mg, Norco 10-325mg, Prevacid 30mg (there is no documentation of gastric problems or complaints) and Xanax 0.25mg; topical Lidoderm 5% patch and Biofreeze 4% gel; lumbar fusion, revision of fusion, physical therapy, caudal epidural steroid injection, left sacroiliac joint injection, bilateral sacroiliac joint injection, caudal epidural steroid injection, bilateral sacroiliac joint block, left sided nerve root block and activity modifications. On 7-1-15 she complained of ongoing difficult with pain in low back and bilateral lower extremities with spasms and weakness and on 8-26-15, the injured worker complains of ongoing pain in low back, hips, buttocks and down bilateral lower extremities with burning, numbness and tingling; she rates present pain 9 out of 10 and averaging 8.5 out of 10. With medications, she is able to reduce the pain to a tolerable level. Disability status is noted to be permanent and stationary. It is noted without medication she spends 95-100% of time in bed and with medication she spends 40% of time in bed. Physical exam performed on 7-1-15 and on 8-26-15 revealed significant restricted painful range of motion, diffuse spasms of paraspinals, and weakness in bilateral lower extremities, loss of sensation in L4, L5 and S1 distribution of both lower extremities and ambulation with a steppage gait. On 8-26-15, a request for authorization was submitted for Ambien 10mg #120 with 3 refills, Mobic 7.5mg #60 with 3 refills, Norco 10-325mg #120, Prevacid 30mg #30 with 3 refills and Xanax 0.25mg #90 with 3 refills. On 9-23-15 request for Prevacid 30mg #60 with 3 refills was on-certified by utilization review and Ambien 10mg #120 with 3 refills to Ambien #42 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 Mg Tablet 4 Po Qhs # 120, Refills: 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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

Decision rationale: Regarding the request for Ambien 10 Mg Tablet 4 Po Qhs # 120, Refills: 3, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there are no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, and no statement indicating what behavioral treatments have been attempted for the condition of insomnia. Finally, there is no indication that Ambien is being used for short-term use as recommended by guidelines. In the absence of such documentation, the currently requested Ambien 10 Mg Tablet 4 Po Qhs # 120, Refills: 3 is not medically necessary.

Prevacid Dr 30mg Capsule 1 Po Qd #30, Refills: 3: 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 (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for lansoprazole (Prevacid), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested Prevacid Dr 30mg Capsule 1 Po Qd #30, Refills: 3 is not medically necessary.

