

Case Number:	CM15-0199920		
Date Assigned:	10/15/2015	Date of Injury:	03/21/2006
Decision Date:	12/29/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/12/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 45 year old male who reported an industrial injury on 3-21-2006. His diagnoses, and or impressions, were noted to include: chronic low back pain; chronic pain syndrome; lumbar radiculopathy; post-lumbar laminectomy syndrome; degenerative left hip joint disease; and insomnia due to pain. X-rays of the left hip were taken on 8-18-2015, noting osteoarthritis and features of impingement; no imaging studies were noted. His treatments were noted to include: removal of hardware with inspection of lumbosacral fusion with redo (6-20-14); selective lumbar nerve root injection (8-31-12); medication management, to include multiple opioids and Prilosec, with toxicology studies (7-9-15); and rest from work. The progress notes of 9-22-2015 reported: increased low back and left lower extremity pain during a recent plane trip, which was tolerable with his medications, and was otherwise stable and rated 4 out of 10 with medications and 9 out of 10 without; that he continued to work on core strengthening and was able to walk his dog; decreased left hip pain over the previous 2 months which was increased with prolonged sitting, movements and activities; aching in his low back and left thigh; that the increase in Cymbalta was helpful in improving his pain. The objective findings were noted to include: tenderness over the lumbar para-spinals, pain with flexion-extension, and positive left straight leg raise; tenderness to the bilateral sacroiliac joints; and decreased Achilles reflexes. The physician's requests for treatment were noted for the continuation of Ambien as needed for insomnia due to chronic pain, and Prilosec. The Request for Authorization, dated 9- 24-2015, was noted to include Prilosec 20 mg, #60, and Ambien 10 mg, #20. The Utilization Review of 10-1-2015 non-certified the request for Prilosec 20 mg, #60, and Ambien 10 mg, #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec (Omeprazole) 20mg quantity 60: Upheld

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

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

Decision rationale: In the treatment of dyspepsia secondary to NSAID therapy, the MTUS recommends stopping the NSAID, switching to a different NSAID, or considering the use of an H2-receptor antagonist or a PPI. The MTUS Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors in conjunction with NSAIDs in situations in which the patient is at risk for gastrointestinal events including: (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). CPMTG guidelines further specify: "Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g., ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. If cardiovascular risk is greater than GI risk the suggestion is naproxen plus low-dose aspirin plus a PPI. (Laine, 2006) (Scholmerich, 2006) (Nielsen, 2006) (Chan, 2004) (Gold, 2007) (Laine, 2007)" As there is no documentation of peptic ulcer, GI bleeding or perforation, or cardiovascular disease in the records available for my review, the injured worker's risk for gastrointestinal events is low, as such, the request is not medically necessary.

Ambien 10mg quantity 20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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), Zolpidem (ambien).

Decision rationale: The MTUS is silent on the treatment of insomnia. With regard to Ambien, the ODG guidelines state "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic,

which is approved for the short-term (usually two to six weeks) 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." With regard to medication history, the injured worker has used this medication since at least 10/2014. It was noted per progress report dated 1/13/15 that the injured worker reported sleeping better with Ambien PRN. He had also started melatonin, which he felt was helping as well. However, as sleep aids are not recommended for long-term use, medical necessity cannot be affirmed. The request is not medically necessary.