

Case Number:	CM15-0206071		
Date Assigned:	10/22/2015	Date of Injury:	10/07/2009
Decision Date:	12/30/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/20/2015

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: New York
Certification(s)/Specialty: Internal 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 56 year old male who sustained an industrial injury on 10-07-2009. According to a progress report dated 08-11-2015, the injured worker reported low back pain with radiation to the lower extremities. He was status post L3-5 fusion with overall improvement in radicular pain to the left leg with persistent radicular symptoms to the right leg. The injured worker was doing better with activities of daily living with use of pain medication. Stool incontinence was improved. He was back on Omeprazole which had helped. He reported sexual dysfunction due to low back pain. He also reported depression, sleep difficulty and recurrent falls. He had a recent fall on 08-06-2015 with pain in the left elbow and left shoulder. Neck and right shoulder pain began on 03-20-2015 while doing physical therapy. Diagnoses included failed low back syndrome with significant residual chronic pain and gait dysfunction, secondary depression and insomnia due to chronic pain, fecal incontinence currently improved, urinary incontinence currently in remission, umbilical hernia, cervical strain right sided with right shoulder and scapula pain and recurrent falls with leg giving out due to low back condition. The injured worker was permanently temporarily totally disabled effective 05-27-2015. The treatment plan included Diclofenac, Pantaprazole, Oxycontin, Omeprazole, Valium and Zolpidem. Omeprazole was prescribed for stomach related issues. The provider noted that this was appropriate per the agreed medical examiner due to the pain and anti-inflammatory medication. Valium was prescribed for muscle spasms in the lower back and gluteal region. The injured worker took ½ to 1 Zolpidem for sleep difficulty. The provider noted that ½ tab usually worked. Diclofenac was prescribed for pain control. The provider noted that Pantoprazole was

recommended by the agreed medical examiner for stomach related issues and fecal incontinence which had improved when taken. Other recommendations included continued use of TENS unit and back brace. An epidural injection had been approved. Electrodiagnostic studies were abnormal for right S1 radiculopathy. Further surgery was not recommended. He had been approved to see a psychiatrist and was prescribed Cymbalta. On 09-28-2015, Utilization Review non-certified the request for Diclofenac ER 100 mg #60 (per 8-11-15 order), Omeprazole 20 mg #30 (per 8-11-15 order), Omeprazole 40 mg #30 (per 8-11-15 order), Valium 10 mg, #60 (per 8-11-15 order), Zolpidem 10 mg #30 (per 8-11-15 order) and Pantoprazole #30 (per 8-11-15 order). The request for Oxycontin was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac ER 100mg, #60 (per 8/11/15 order): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain Diclofenac.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Per MTUS, Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. There is no evidence of long-term effectiveness for pain or function. NSAIDs are recommended as a second-line treatment after acetaminophen for the treatment of acute exacerbations of chronic low back pain. The injured worker complains of chronic radicular low back pain. Documentation provided for review indicates the injured worker has a diagnosis of Hypertension. MTUS does not recommend long acting NSAIDs such as Diclofenac ER as first line due to increased risk profile. With MTUS guidelines not being met and being that the injured worker's symptoms are chronic and ongoing, the request for Diclofenac ER 100mg, #60 (per 8/11/15 order) is not medically necessary.

Omeprazole 20mg, #30 (per 8/11/15 order): 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: Proton Pump Inhibitors (PPIs) are used to treat gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long term use of Non-steroidal anti-inflammatory drugs (NSAIDs).

MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple NSAIDs. In general, the use of a PPI should be limited to the recognized indications, including preventing gastric ulcers induced by NSAIDs, and used at the lowest dose for the shortest possible amount of time. Physician report indicates the injured worker is being prescribed PPIs for stool incontinence. Documentation does not support that the injured worker is at high risk of gastrointestinal events to establish the medical necessity of ongoing use of Omeprazole. The request for Omeprazole 20mg, #30 (per 8/11/15 order) is not medically necessary per guidelines.

Omeprazole 40mg, #30 (per 8/11/15 order): 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: Proton Pump Inhibitors (PPIs) are used to treat gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple NSAIDs. In general, the use of a PPI should be limited to the recognized indications, including preventing gastric ulcers induced by NSAIDs, and used at the lowest dose for the shortest possible amount of time. Physician report indicates the injured worker is being prescribed PPIs for stool incontinence. Documentation does not support that the injured worker is at high risk of gastrointestinal events to establish the medical necessity of ongoing use of Omeprazole. The request for Omeprazole 40mg, #30 (per 8/11/15 order) is not medically necessary per guidelines.

Valium 10mg, #60 (per 8/11/15 order): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Per MTUS, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Their use should be limited to 4 weeks. Documentation reveals that the injured worker has been prescribed this medication for a longer duration of time with no significant improvement in function. The request for Valium 10mg, #60 (per 8/11/15 order) is not medically necessary, by MTUS.

Zolpidem 10mg, #30 (per 8/11/15 order): Upheld

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

Decision rationale: MTUS does not address this request. Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, used for treatment of insomnia. Per guidelines, hypnotics are not recommended for long-term use and should be limited to three weeks maximum in the first two months of injury only. Use in the chronic phase is discouraged. 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. Documentation indicates that the injured worker has chronic pain syndrome and insomnia, treated with hypnotics for a period longer than recommend guidelines. Given the lack of evidence of adequate functional improvement, the medical necessity for continued use of Zolpidem has not been established. The request for Zolpidem 10mg, #30 (per 8/11/15 order) is not medically necessary based on ODG.

Pantoprazole #30 (per 8/11/15 order): 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton pump inhibitors (PPIs).

Decision rationale: Proton Pump Inhibitors (PPIs) are used to treat gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple NSAIDs. In general, the use of a PPI should be limited to the recognized indications, including preventing gastric ulcers induced by NSAIDs, and used at the lowest dose for the shortest possible amount of time. Per guidelines, a trial of Omeprazole or Lansoprazole should be used before prescription Nexium therapy. The other PPIs, Protonix, Dexilant, and Aciphex, should be second-line. Physician report indicates the injured worker is being prescribed PPIs for stool incontinence. Documentation does not support that the injured worker is at high risk of gastrointestinal events to establish the medical necessity of ongoing use of Pantoprazole . The request for Pantoprazole #30 (per 8/11/15 order) is not medically necessary per guidelines.