

Case Number:	CM15-0207534		
Date Assigned:	10/26/2015	Date of Injury:	10/24/2011
Decision Date:	12/07/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	10/22/2015

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 48 year old male, who sustained an industrial-work injury on 10-24-11. A review of the medical records indicates that the injured worker is undergoing treatment for cervical disc displacement, lumbar disc displacement, psychogenic pain, and long term use of medications. Treatment to date has included pain medication Venlafaxine, Omeprazole since at least 5-19-15, Orphenadrine-Norflex, Ambien since at least 5-19-15, Gabapentin, Norco since at least 5-19-15, lumbar epidural steroid injection (ESI) with 30 percent decrease in low back pain, Functional Restoration Program, acupuncture with some pain relief and relief of headaches and other modalities. Medical records dated (5-19-15 to 9-29-15) indicate that the injured worker complains of neck pain with radicular symptoms to the hands with associated headaches and low back pain. He reports that Norco decreases the pain by 40 percent and increasing tolerance for activities such as walking and standing. He also uses Omeprazole for gastrointestinal protection with use of his oral medications and Ambien for sleep as needed. The medical records do not detail sleep hygiene issues and there is no documentation of gastrointestinal problems. The medical records also do not document VAS pain scores. Per the treating physician report dated 9-29-15 work status is permanent and stationary. The physical exam dated 9-29-15 reveals that the injured worker has antalgic gait and uses a cane for ambulation. There are no other significant findings noted. The treating physician indicates that the urine drug test result dated 8-25-15 was consistent with the medication prescribed. The request for authorization date was 10-14-15 and requested services included Omeprazole DR 20mg #60, Ambien 5mg #15 and Norco 5-325mg #45. The original Utilization review dated 10-

22-15 non-certified the request for Omeprazole DR 20mg #60, Ambien 5mg #15 and Norco 5-325mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Proton pump inhibitor (PPI) medication is for treatment of the problems associated with active gastric ulcers, erosive esophagitis, Barrett's esophagitis, or in patients with pathologic hypersecretion diseases. Although preventive treatment is effective for the mentioned diagnosis, studies suggest; however, nearly half of PPI prescriptions are used for unapproved or no indications. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for PPI namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Long term use of PPIs have potential increased risks of B12 deficiency; iron deficiency; hypomagnesemia; susceptibility to pneumonia, enteric infections, fractures, hypergastrinemia and cancer, and cardiovascular effects of myocardial infarction (MI). In the elderly, studies have demonstrated increased risk for Clostridium difficile infection, bone loss, and fractures from long-term use of PPIs. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any identified history of acute GI bleeding, active ulcers, or confirmed specific GI diagnosis criteria to warrant this medication. The Omeprazole DR 20mg #60 is not medically necessary and appropriate.

Ambien 5mg #15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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®), pages 877-878.

Decision rationale: MTUS Guidelines is silent; however, per the ODG, this non-benzodiazepines CNS depressant should not be used for prolonged periods of time and is the treatment of choice in very few conditions. The tolerance to hypnotic effects develops rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. 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 with Ambien prescribed since at least 5/19/15 for this 2011 P&S injury. 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. Submitted reports have not identified any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how the use of this sedative/hypnotic has provided any functional improvement if any from treatment rendered. The reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic injury. There is no failed trial of behavioral interventions or conservative sleep hygiene approach towards functional restoration. The Ambien 5mg #15 is not medically necessary and appropriate.

Norco 5/325mg #45: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment, Opioids, criteria for use.

Decision rationale: The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids since at least 5/19/15 in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 2011 P&S injury without acute flare, new injury, or progressive neurological deterioration. The Norco 5/325mg #45 is not medically necessary and appropriate.