

Case Number:	CM15-0214154		
Date Assigned:	11/04/2015	Date of Injury:	07/02/2013
Decision Date:	12/22/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/30/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 2, 2013. In a Utilization Review report dated October 21, 2015, the claims administrator failed to approve a request for Motrin and Ambien apparently prescribed on or around September 28, 2015. The applicant's attorney subsequently appealed. On July 29, 2015, the applicant reported ongoing issues with chronic low back. The applicant was reportedly pending lumbar spine surgery on September 2, 2015, the treating provider suggested. The applicant's medications included Norco, OxyContin, Naprosyn, Lidoderm patches, Ambien, and Prilosec, the treating provider reported. The applicant was given a rather proscriptive 10-pound lifting limitation. It did not appear that the applicant was working with said limitation in place. Multiple medications were renewed, including Norco, Motrin, Ambien, OxyContin, and Prilosec. On September 20, 2015, the applicant was described as one-month removed from an earlier L4-L5 microdiscectomy surgery. The applicant was ready to start physical therapy, it was reported on this date. Physical therapy was endorsed. On September 23, 2015, the applicant reported ongoing issues with low back pain status post earlier L4-L5 discectomy on September 2, 2015. The attending provider contended that the applicant was alternating Naprosyn and Motrin, and was also using OxyContin, Norco, Lidoderm patches, a TENS unit, Ambien, and Prilosec, the treating provider reported. Ibuprofen was dispensed in the clinic. Ambien was also dispensed. OxyContin and Norco were also seemingly renewed and/or continued. Physical therapy, a TENS unit, and a rather proscriptive 10-pound lifting limitation were imposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ibuprofen 800mg take 1 by mouth 3 times a day as needed for pain #60:
Overturned

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): Anti-inflammatory medications.

Decision rationale: The request for ibuprofen (Motrin), an anti-inflammatory medication, was medically necessary, medically appropriate, and indicated here. As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as ibuprofen do represent the traditional first-line treatment for various chronic pain conditions, including the chronic low back pain reportedly present here. Here, the applicant was approximately three months removed from an earlier lumbar spine surgery of September 2, 2015 as of the date the request, September 23, 2015. Ongoing usage of ibuprofen (Motrin) was indicated to ameliorate the applicant's issues with low back pain on or around the date in question. The applicant was too soon removed from the surgery for any meaningful discussion of functional improvement to transpire at this point in time. Therefore, the request was medically necessary. While this was, strictly speaking, a postoperative request as opposed to a chronic pain request, MTUS 9792.23.b2 stipulates that the Postsurgical Treatment Guidelines in section 9792.24.3 shall apply together with any other applicable treatment guidelines found within the MTUS. Since page 22 of the MTUS Chronic Pain Medical Treatment Guidelines did address the issue at hand, it was therefore, invoked.

Retrospective Ambien 10mg take 1 by mouth at bedtime for insomnia: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Zolpidem (Ambien) and Other Medical Treatment Guidelines U.S. Food and Drug Administration (FDA) Ambien is indicated for the short-term treatment of insomnia characterized by difficulties with sleep initiation. Ambien has been shown to decrease sleep latency for up to 35 days in controlled clinical studies.

Decision rationale: Similarly, the request for Ambien, a sedative agent, was not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for FDA

labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes, however, that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, thus, the renewal request for Ambien represented treatment which ran counter to the FDA label and treatment which was at odds with ODG's Mental Illness and Stress Chapter Zolpidem topic, which likewise notes that Ambien is not recommended for long-term use purposes but, rather, should be reserved for short-term use purposes. Therefore, the request was not medically necessary.