

Case Number:	CM15-0215253		
Date Assigned:	11/05/2015	Date of Injury:	11/03/2009
Decision Date:	12/16/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	11/02/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 58-year-old male, who sustained an industrial-work injury on 11-3-09. He reported initial complaints of right upper extremity pain. The injured worker was diagnosed as having cervical disc degeneration, headache, lumbosacral disc degeneration, neurotic depression, brachial neuritis, cervical spinal stenosis, RSD (reflex sympathetic dystrophy) of upper limb, and hemarthrosis, depression, and anxiety. Treatment to date has included medication and diagnostics. Currently, the injured worker complains of neck and low back pain that radiates into the bilateral lower extremities. Norco decreases the pain by 50% as is able to perform ADL's (activities of daily living). Sleep is difficult with help from Ambien to sleep three hours. Xanax is exceptionally helpful to manage anxiety. Per the primary physician's progress report (PR-2) on 9-17-15, exam notes painful neck and lumbar range of motion and pain with palpation of the lumbar facets. There are positive palpable twitch trigger points in the lumbar paraspinous muscles, antalgic gait, and tenderness to greater trochanteric bursa on the left side. The left arm has dyesthesias and allodynia present. The Request for Authorization requested service to include Ambien 10mg #30, Pantoprazole 20mg #30 with 1 refill, and Xanax 1mg #60 with 1 refill. The Utilization Review on 9-24-15 denied the request for Ambien 10mg #30, Pantoprazole 20mg #30 with 1 refill, and Xanax 1mg #60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, 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 nad pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several months. The etiology of sleep disturbance was not defined or further evaluated. Pain rather than a primary sleep disorder was a greater contributor. Failure of behavioral interventions was not noted. Continued use of Zolpidem (Ambien) is not medically necessary.

Pantoprazole 20mg #30 with 1 refill: 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 (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter nad pg 116.

Decision rationale: According to the MTUS guidelines, Pantoprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant had been on medication for several months including prior Nexium use. Long-term use is not recommended. Therefore, the continued use of Pantoprazole is not medically necessary.

Xanax 1mg #60 with 1 refill: 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: According to the Chronic Pain Medical Treatment Guidelines , Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. The claimant was on Xanax for several months. Long-term management of anxiety is best managed with SSRIs. Continued and chronic use of Xanax is not medically necessary.