

Case Number:	CM15-0222324		
Date Assigned:	11/18/2015	Date of Injury:	09/11/2014
Decision Date:	12/30/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/12/2015

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

Certification(s)/Specialty: Emergency 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 34 year old male, who sustained an industrial injury on 9-11-14. The injured worker was diagnosed as having lumbar pain; lumbar radiculopathy; lumbar strain-sprain. Treatment to date has included physical therapy; chiropractic therapy; acupuncture; trigger point injection; medications. Currently, the PR-2 notes dated 10-8-15 indicated the injured worker complains of constant severe, sharp burning low back pain, heaviness, tingling and weakness radiating to the legs, aggravated by cold weather, movement and lifting 10 pounds. The provider documents the pain intensity as "8 out of 10". The injured worker reports relief from medications and massage. Current medications are listed as: Gabapentin, Pantoprazole, Zolpidem, Alprazolam and Diclofenac and two topical compound creams. The provider notes a physical examination indicating "There is tenderness to palpation of the lumbar paravertebral muscles. Straight leg raise is positive bilaterally." The provider has requested medication refills. A PR-2 note dated 8-10-15 indicated the injured worker had the same complaints. The injured worker was being treated by another provider for depression, anxiety and irritability. The injured worker was getting aquatic therapy and completed 4 of 12 sessions. There was no outcome benefit documented for these 4 sessions. The injured worker had also seen another provider for pain management consult and a recommendation for lumbar epidural steroid injections was made, along with an orthopedic consult and lumbosacral corset. A RFA dated 8-10-15 was submitted for pain management consult and medication consult requesting pain medications to help decrease pain along with additional chiropractic and acupuncture therapy. The prior dated PR-2's do not list the injured worker's current medications for that date of service. A Request for

Authorization is dated 10-26-15. A Utilization Review letter is dated 10-16-15 and non-certification for Pantoprazole 20mg quantity 60; Zolpidem 10mg quantity 30 and Diclofenac Sodium 100mg quantity 60. A request for authorization has been received for Pantoprazole 20mg quantity 60; Zolpidem 10mg quantity 30 and Diclofenac Sodium 100mg quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg, #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: The requested Pantoprazole 20mg, #60, is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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) and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has constant severe, sharp burning low back pain, heaviness, tingling and weakness radiating to the legs, aggravated by cold weather, movement and lifting 10 pounds. The provider documents the pain intensity as "8 out of 10". The injured worker reports relief from medications and massage. Current medications are listed as: Gabapentin, Pantoprazole, Zolpidem, Alprazolam and Diclofenac and two topical compound creams. The provider notes a physical examination indicating "There is tenderness to palpation of the lumbar paravertebral muscles. Straight leg raise is positive bilaterally." The treating physician has not documented medication-induced GI complaints nor GI risk factors, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Pantoprazole 20mg quantity 60 is not medically necessary.

Zolpidem 10mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, 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), (updated 07/10/14), Insomnia Medications.

Decision rationale: The requested Zolpidem 10mg, #30, is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Pain (Chronic), Insomnia Medications note "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia". The injured worker has constant severe, sharp burning low back pain, heaviness, tingling and weakness radiating to the legs, aggravated by cold weather, movement and lifting 10 pounds. The provider documents the pain intensity as "8 out of 10". The injured worker reports relief from medications and massage. Current medications are listed as: Gabapentin, Pantoprazole, Zolpidem, Alprazolam and Diclofenac and two topical compound creams. The provider notes a physical examination indicating "There is tenderness to palpation of the lumbar paravertebral muscles. Straight leg raise is positive bilaterally." The treating physician has not documented current sleep disturbance, results of sleep behavior modification attempts or any derived functional benefit from its previous use. The criteria noted above not having been met, Zolpidem 10mg quantity 30 is not medically necessary.

Diclofenac Sodium 100mg, #60: Upheld

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

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

Decision rationale: The requested Diclofenac Sodium 100mg, #60, is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, page 22, Anti-inflammatory medications note for specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The injured worker has constant severe, sharp burning low back pain, heaviness, tingling and weakness radiating to the legs, aggravated by cold weather, movement and lifting 10 pounds. The provider documents the pain intensity as "8 out of 10". The injured worker reports relief from medications and massage. Current medications are listed as: Gabapentin, Pantoprazole, Zolpidem, Alprazolam and Diclofenac and two topical compound creams. The provider notes a physical examination indicating "There is tenderness to palpation of the lumbar paravertebral muscles. Straight leg raise is positive bilaterally." The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Diclofenac Sodium 100mg, #60 is not medically necessary.