MAXIMUS Federal Services

| Case Number: | CM15-0031027 | | |
|---|---|---|---|
| Date Assigned: | 02/24/2015 | Date of Injury: | 01/13/2007 |
| Decision Date: | 04/03/2015 | UR Denial Date: | 02/12/2015 |
| Priority: | Standard | Application Received: | 02/19/2015 |

## 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 52-year-old [redacted] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of January 13, 2007.In a Utilization Review Report dated February 12, 2015, the claims administrator failed to approve requests for Norco, Ambien, and Protonix. The claims administrator referenced a December 8, 2014 RFA form in its determination. The applicant's attorney subsequently appealed. In a progress note dated January 20, 2015, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of shoulder pain, posttraumatic headaches, and temporomandibular joint disorder. The applicant also reported ancillary complaints of tinnitus, eye pain, scalp pain, and thinning of hair. The applicant was placed off of work, on total temporary disability, while multiple medications were refilled. In a December 8, 2014 RFA form, Norco, Desyrel, and Baclofen were renewed, without any explicit discussion of medication efficacy. An earlier note of November 27, 2014 made no mention of issues with reflux, heartburn, and/or dyspepsia (if any).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg Qty 180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Opioids, criteria for use Page(s): 76-78, 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning and/or reduced pain achieved as result of the same. Here, however, the applicant was/is off of work, on total temporary disability, despite ongoing Norco usage. The applicant's pain complaints appeared heightened from visit to visit, as opposed to reduced from visit to visit, despite ongoing Norco usage. The attending provider failed to outline any quantifiable decrements in pain or material improvements in function effected as result of ongoing Norco usage (if any). Therefore, the request was not medically necessary.

**Ambien 10mg Qty 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 (ODG), Zolpidem (Ambien).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation NDA 19908 S027 FDA approved labeling 4.23.08HIGHLIGHTS OF PRESCRIBING INFORMATION 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. (1).

**Decision rationale:** Similarly, the request for Ambien, a sleep aid, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic of Ambien, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-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 that Ambien is indicated in the short-term treatment of insomnia, for up 35 days. Here, it appears that the applicant has been using Ambien for what appears to be a minimum of several months. Such usage, however, is incompatible with the FDA label. The attending provider did not furnish any clear of compelling applicant-specific rationale or medical evidence which would offset the same. Therefore, the request was not medically necessary.

**Protonix 40mg Qty 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R.9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page 69 of 127.

**Decision rationale:** Finally, the request for Protinix, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Protonix are indicated to combat issues with NSAID-induced dyspepsia, in this case, however, there was no mention of the applicant's having any active issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, in multiple progress notes, referenced above. Therefore, the request was not medically necessary.