

<b>Case Number:</b>	CM15-0057992		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	06/13/2014
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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 47-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 13, 2014. In a Utilization Review report dated February 27, 2015, the claims administrator failed to approve requests for Norco, Naprosyn, Prilosec, and Ambien. The claims administrator referenced a February 17, 2015 RFA form in its determination and associated progress notes of February 15, 2015 and January 15, 2015. The applicant's attorney subsequently appealed. On February 12, 2015, the applicant reported ongoing complaints of low back pain radiating to the right lower extremity, with attendant complaints of insomnia. The applicant had had physical therapy, manipulative therapy, and acupuncture without significant benefit, the treating provider reported. Additional physical therapy was endorsed while Norco, Soma, Naprosyn, and Prilosec were renewed. The applicant was placed off of work, on total temporary disability. There was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia. On January 15, 2015, the applicant was, once again, described as minimally improved. Once again, the applicant was placed off of work, on total temporary disability, while Soma, Norco, Naprosyn, Prilosec, and Ambien were renewed and/or continued. Additional chiropractic manipulative therapy was endorsed. Ambien was being used for insomnia, the treating provider reported. Once again, there was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone-APAP 10/325mg Tablet SIG: Take 1 twice daily QTY: 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 80-81.

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

**Decision rationale:** No, the request for hydrocodone-acetaminophen (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 a result of the same. Here, however, the applicant was off of work, on total temporary disability, it was suggested as of the January 15, 2015 and February 12, 2015 progress notes at issue. The attending provider failed to outline meaningful or material improvements in function or quantifiable decrements in pain effected as a result of ongoing Norco usage (if any) on those dates. Therefore, the request was not medically necessary.

**Naproxen Sodium 550mg SIG: Take 1 tablet daily QTY: 30 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

**Decision rationale:** Similarly, the request for Naprosyn, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here. This recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant was off of work, on total temporary disability, as of the dates in question, February 12, 2015 and January 15, 2015. The applicant was described as minimally improved on those dates. Ongoing usage of Naprosyn failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Naprosyn. Therefore, the request was not medically necessary.

**Omeprazole DR 20mg Capsule SIG: Take 1 daily QTY: 30 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** Similarly, the request for omeprazole, 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 omeprazole are indicated in the treatment of NSAID-induced dyspepsia, here however, there was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on either progress notes of January 15, 2015 or February 12, 2015. Therefore, the request was not medically necessary.

**Zolpidem Tartrate Tablets 10mg, SIG: Take 1 daily 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, 5th Edition, Pain (Chronic), 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 U.S. Food and Drug Administration.

**Decision rationale:** Finally, the request for zolpidem (Ambien), a sleep aid, was likewise 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 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, however, that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, however, the request to renew zolpidem (Ambien), in effect, represented treatment in excess of the FDA label. The attending provider, however, failed to furnish compelling evidence or applicant-specific rationale, which would have supported such usage. Therefore, the request was not medically necessary.