

<b>Case Number:</b>	CM15-0080255		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	03/12/2001
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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 56 year old female, who sustained an industrial injury on March 12, 2001. She reported that while repeatedly handling pipes while bending, she felt a snap in the right knee followed by aching in the right knee. The injured worker was diagnosed as having cervical disc herniation with left upper extremity radiculitis, worsening left sided cervical radiculopathy, lumbar spinal stenosis status post laminectomy with worsening pain and left lower extremity radiculopathy, right shoulder rotator cuff syndrome, right knee posttraumatic osteoarthritis post arthroscopic surgery, posttraumatic left knee medial compartmental osteoarthritis, and left shoulder sprain/strain. Treatment to date has included TENS, MRIs, right knee surgery, physical therapy, chiropractic treatments, and medication. Currently, the injured worker complains of cervical spine, lumbar spine, bilateral shoulder, and bilateral knee pain, with persistent neck pain that radiates to her hands with numbness and lower back pain with decreased sensation at L4-L5 bilaterally and joint pain and radiation to the abdomen. The Primary Treating Physician's report dated March 12, 2015, noted the injured worker reported her pain was made better with rest and medication, including Norco, Ambien, and Nexium. Cervical spine examination was noted to show decreased range of motion (ROM) with tenderness to the paraspinals and trapezius muscles bilaterally, with positive Spurling's on the left and positive cervical compression test. The lumbar spine examination was noted to show decreased range of motion (ROM) with bilateral positive Kemp's sign, and positive straight leg raise. The treatment plan was noted to include pending determination for spine surgery, continued use of the TENS unit, and written prescriptions for Norco, Ambien, and Nexium.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco/hydrocodone 15/325mg quantity 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Short Acting Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for over 6 months. There was no indication for Tylenol or Tricyclic failure. Long-term use of opioids such as Norco is not recommended and is not medically necessary.

**Ambien/Zolpidem Tartrate 5mg quantity 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, Ambien for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ODG-pain guidelines and insomnia medications pg 64.

**Decision rationale:** The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications 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. There was no mention of behavioral intervention Continued use of Zolpidem is not medically necessary.

**Nexium/Esomeprazole 40mg quantity 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and PPI Page(s): 68.

**Decision rationale:** According to the MTUS guidelines, Esomeprazole 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 GI upset due to prior NSAID use. Persistent symptoms neither were nor worked up for H. pylori or with an EGD to necessitate the medications. Therefore, the continued use of Esomeprazole is not medically necessary.